

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 VISTA DEL MAR CHILD AND FAMILY SERVICES

Number and street (or P O box if mail is not delivered to street address) Room/suite
 3200 MOTOR AVE

City or town, state or country, and ZIP + 4
 LOS ANGELES, CA 90034

D Employer identification number
 95-1647832

E Telephone number
 (310) 836-1223

F Accounting method Cash Accrual
 Other (specify) _____

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

G Web site: 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 42,178,574

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)

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

I Group Exemption Number _____

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

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	4,021,205		
c	Indirect public support (not included on line 1a)	1c	258,457		
d	Government contributions (grants) (not included on line 1a)	1d	86,228		
e	Total (add lines 1a through 1d) (cash \$ 4,329,560 noncash \$ 36,330)	1e		4,365,890	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		30,617,222	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		85,197	
5	Dividends and interest from securities	5		939,935	
6a	Gross rents	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 _____)	7		138	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
			5,067,760	8a	
b	Less cost or other basis and sales expenses		5,032,147	8b	
c	Gain or (loss) (attach schedule)		35,613	8c	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		35,613	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		974,969	
b	Less direct expenses other than fundraising expenses	9b		974,969	
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		113,663	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		36,171,458	
13	Program services (from line 44, column (B))	13		32,495,126	
14	Management and general (from line 44, column (C))	14		3,454,940	
15	Fundraising (from line 44, column (D))	15		1,121,074	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17		37,071,140	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		-899,682	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		69,779,121	
20	Other changes in net assets or fund balances (attach explanation)	20		6,196,641	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		75,076,080	

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 49,045 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	49,045	49,045	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	556,494	495,806	49,068
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	45,054		45,054
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	19,080,543	17,064,833	1,605,514
27 Pension plan contributions not included on lines 25a, b and c	27	1,816,579	1,604,877	180,349
28 Employee benefits not included on lines 25a - 27	28	3,645,401	3,220,565	361,915
29 Payroll taxes	29	439,953	388,682	43,678
30 Professional fundraising fees	30	100,777		100,777
31 Accounting fees	31	45,000		45,000
32 Legal fees	32	193,536	142,310	22,291
33 Supplies	33	519,542	434,695	57,501
34 Telephone	34	192,507	94,163	85,835
35 Postage and shipping	35	72,476	35,451	32,316
36 Occupancy	36	1,458,243	1,311,935	132,712
37 Equipment rental and maintenance	37	119,769	100,208	13,256
38 Printing and publications	38	103,400	28,583	28,259
39 Travel	39	1,144,417	1,137,276	5,940
40 Conferences, conventions, and meetings	40	98,374	65,851	8,658
41 Interest	41	2,995	1,036	1,889
42 Depreciation, depletion, etc (attach schedule)	42	523,044	451,685	70,965
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	37,071,140	32,495,126	3,454,940

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? ► To provide various services for at-risk and abused children All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<p>a 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 Preschool Psychiatric Center, Reiss-Davis Child Study Center, and Home-SAFE Childcare, Inc. (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.</p> <p>(Grants and allocations \$ 49,045) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>32,495,126</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>32,495,126</p>

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		287,947	45	6,534	
	46 Savings and temporary cash investments		1,094,990	46	2,130,110	
	47a Accounts receivable	47a	9,701,698			
	b Less allowance for doubtful accounts	47b	140,570	9,030,854	47c	9,561,128
	48a Pledges receivable	48a	928,792			
	b Less allowance for doubtful accounts	48b	190,352	1,259,801	48c	738,440
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a	197,812			
	b Less allowance for doubtful accounts	51b			51c	197,812
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			1,187,096	53	701,306
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			45,439,289	54a	52,269,651
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a	7,125				
b Less accumulated depreciation (attach schedule)	55b		7,125	55c	7,125	
56 Investments—other (attach schedule)			34,484	56	112,426	
57a Land, buildings, and equipment basis	57a	19,875,273				
b Less accumulated depreciation (attach schedule)	57b	9,905,327	10,372,750	57c	9,969,946	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			7,058,870	58	4,766,785	
59 Total assets (must equal line 74) Add lines 45 through 58			75,773,206	59	80,461,263	
Liabilities	60 Accounts payable and accrued expenses		1,194,701	60	1,139,925	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)			4,799,384	65	4,245,258
66 Total liabilities Add lines 60 through 65			5,994,085	66	5,385,183	
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		59,405,332	67	67,000,507	
	68 Temporarily restricted		7,571,715	68	4,718,363	
	69 Permanently restricted		2,802,074	69	3,357,210	
	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 and column (B) must equal line 21)			69,779,121	73	75,076,080	
74 Total liabilities and net assets / fund balances Add lines 66 and 73			75,773,206	74	80,461,263	

Part VI Other Information (continued)

		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		207,194
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86 <i>501(c)(7) orgs.</i> Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 <i>501(c)(12) orgs.</i> Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b <i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
e <i>All organizations.</i> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f <i>All organizations.</i> Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed <input type="text" value="CA"/>			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b		571
91a The books are in care of <input type="text" value="I michelle mcdonald CFO"/> Telephone no <input type="text" value="(310) 836-1223"/>			
<input type="text" value="3200 motor ave"/> Located at <input type="text" value="LOS ANGELES, CA"/> ZIP + 4 <input type="text" value="90034"/>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

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

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a client service fees					1,521,543
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					29,095,679
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	85,197	
96 Dividends and interest from securities			14	939,935	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	13,800	
98 Net rental income or (loss) from personal property					
99 Other investment income			15	138	
100 Gain or (loss) from sales of assets other than inventory			18	35,613	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a See Additional Data Table					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,188,346	30,617,222
105 Total (add line 104, columns (B), (D), and (E))					31,805,568

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	Fees received from parents for having their children into the organization's residential care facilities and also for education at the organization's non-public school and afterschool program Fees are also received from clients for outpatient services received at various family services divisions of the organization

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

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

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

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

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

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

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

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

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

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

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

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

Please Sign Here

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

***** Signature of officer	2008-05-14 Date
I michelle mcdonald CFO CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD 16th FLOOR LOS ANGELES, CA 900243929			EIN Phone no (310) 873-1600

**SCHEDULE A
(Form 990 or
990EZ)**

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

2006

Department of the
Treasury
Internal Revenue
Service

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 2 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 crecilius 3200 motor av LOS ANGELES, CA 90034	psychiatrist 32 00	171,578	25,275	0
JEFFREY CATANIA 3200 motor av LOS ANGELES, CA 90034	VP-DEVELOPMENT 37 50	123,860	19,903	0
Susan Schmidt-Lackner 3200 motor av LOS ANGELES, CA 90034	Medical Director 37 50	115,908	17,852	0
DONNA BAKER 3200 motor av LOS ANGELES, CA 90034	DIR OF EDUC 37 50	107,432	16,748	0
Nancy Tallerino 3200 motor av LOS ANGELES, CA 90034	VP- Outpatient Svc 37 50	107,093	17,721	0
Total number of other employees paid over \$50,000 ▶	77			

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
JB Counseling Consulting 11222 S La Cienega Blvd 545 Lennox, CA 90304	Facilitators	214,244
Jackson Lewis LLP PO Box 34973 Newark, NJ 071894973	Attorneys	79,116
Mahan Nash Public Relations 4640 Admiralty Wy406 Marina Del Rey, CA 90292	Public Relations	72,014
Brenda Rappaport 1317 Ozone Avenue Santa Monica, CA 90405	Clinical Social Worker	68,600
Estate Strategies 68 Pennsfield pl 201 Thousand Oaks, CA 91360	Legal Services	60,000
Total number of others receiving over \$50,000 for professional services ▶	2	

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 for 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	172,728
Office Team PO Box 60000 San Francisco, CA 94160	Clerical Staffing	126,292
CARLOS MARTINEZ 13277 WINGO ST ARLETA, CA 91331	GARDENER-LABORER	90,800
Isabel Mundy 4827 Elmwood Ave 8 Los ANGELES, CA 90004	Child Care Provider	60,278
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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		No
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

 Type I Type II Type III - Functionally Integrated Type III - Other
Provide the following information about the supported organizations. (see page 7 of the instructions.)

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

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	7,495,940	5,405,081	4,775,736	19,005,728	36,682,485
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	31,385,021	29,100,548	26,761,332	12,431,548	99,678,449
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	853,926	1,241,555	1,127,033	1,253,309	4,475,823
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	51,334	628,186	322,014	178,009	1,179,543
23 Total of lines 15 through 22	39,786,221	36,375,370	32,986,115	32,868,594	142,016,300
24 Line 23 minus line 17	8,401,200	7,274,822	6,224,783	20,437,046	42,337,851
25 Enter 1% of line 23	397,862	363,754	329,861	328,686	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	846,757
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	26b	153,243
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	42,337,851
d Add Amounts from column (e) for lines 18 <u>4,475,823</u> 19 <u>0</u> 22 _____ 26 b <u>153,243</u>	26d	5,808,609
e Public support (line 26c minus line 26d total)	26e	36,529,242
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	8628.03 %

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 (2005) _____ (2004) _____ (2003) _____ (2002) _____	27c	
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____	27d	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27e	
d Add Line 27a total _____ and line 27b total _____	27f	
e Public support (line 27c total minus line 27d total)	27g	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27h	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
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	41		
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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Yes	No	Amount

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (c) Elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 4 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions, 18 If you are electing to group any assets.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows 30-36 cover total miles driven (business, commuting, other), personal use availability, and primary use by more than 5% owner.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover written policies, personal use treatment, and qualified demonstration use. Includes a note at the bottom.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Additional Data

Software ID:
Software Version:
EIN: 95-1647832
Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a contract & professional services	43a	1,438,127	1,096,108	154,745	187,274
b Direct services	43b	2,895,123	2,822,621	9,596	62,906
c food & provisions	43c	1,025,419	973,679	37,354	14,386
d Insurance	43d	490,435	415,161	72,595	2,679
e Miscellaneous	43e	29,363	20,266	7,730	1,367
f bad debt expense	43f	230,655		230,655	
g in-kind Goods	43g	36,330	36,330		
h Clinical Social Workers	43h	179,128	179,128		
i General Contractors	43i	406,420	298,847	46,810	60,763
j Credit Card Processing Fees	43j	29,222		29,222	
k Membership Dues	43k	47,052	16,279	29,676	1,097
l Investment Management Fees	43l	28,664		28,664	
m CSOC Support	43m	28,053	9,706	17,693	654

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
elias lefferman 3200 motor ave los angeles, CA 90034	ceopresident 37 50	200,938	37,886	0
amy jaffe 3200 motor ave los angeles, CA 90034	svp of operations 37 50	140,896	21,632	0
L MICHELLE MCDONALD 3200 motor ave los angeles, CA 90034	CFO 37 50	134,459	20,683	0
Joel R Mogy 3200 motor ave los angeles, CA 90034	Chairman 1 00	0	0	0
Rick Wolf 3200 motor ave los angeles, CA 90034	Treasurer & Chair (Fin) 1 00	0	0	0
Dee Dee Dorskind 3200 motor ave los angeles, CA 90034	Assistant Treasurer 1 00	0	0	0
Sydney Julien 3200 motor ave los angeles, CA 90034	Secretary 1 00	0	0	0
Deedy O berman 3200 motor ave los angeles, CA 90034	Assistant Secretary 1 00	0	0	0
Ruth Shuken 3200 motor ave los angeles, CA 90034	Vice Chairman 1 00	0	0	0
Carol Katzman 3200 motor ave los angeles, CA 90034	Vice Chairman 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mark Slavkin 3200 motor ave los angeles, CA 90034	Vice Chairman 1 00	0	0	0
Lyn Konheim 3200 motor ave los angeles, CA 90034	Vice Chairman 1 00	0	0	0
Pamela Pacht 3200 motor ave los angeles, CA 90034	Vice Chairman 1 00	0	0	0
Walter Zifkin 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Bradley Tabach-Bank 3200 motor ave los angeles, CA 90034	Immediate Past Chairman 1 00	0	0	0
Donald Alschuler 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Leslie Askanas 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Margot Bamberger 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Assembly Member Karen Bass 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Terry Bell 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Harold D Berkowitz 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Barbara Blackman 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Herbert Bloch 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Betty Deutsch 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Sari Eshman 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Helene Feuerstein 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Chester Firestein 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Lucille Fuhrman 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Jeri Gaile 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Jeffrey Glassman 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Heidi Haddad 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Lois Harwin 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Marcia Hoffer 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Marla Kantor 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Bruce Kates 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Bruce Kirshbaum 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Fay Kozberg 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
John Lear 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Jean Leserman 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Arthur Malin MD 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Julie Miller 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Kevin Murray Senator 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Cheryl Paller 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Gayle Rodgers 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Stuart Rubin 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Peekie Schaefer 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Don Schwarz 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Larry Schwimmer 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Suzanne Sidy 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Betty Sigoloff 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dana Sigoloff 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Julie Smooke 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Mitchell Stein 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Philip Stein 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Janis Susskind 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Freda Teller 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Antonio Villaraigosa Mayor 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Janis Black Warner 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Donald Wofl 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0
Elaine Wolf 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Suzanne Yudelson 3200 motor ave los angeles, CA 90034	Director 1 00	0	0	0

Form 990, Part VII, Line 103 - Other revenue:

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a miscellaneous			01	66,353	
b Thrift Shop Income			05	4,797	
c Insurance Refund			01	14,809	
d Property Tax Refund			01	5,936	
e Escrow account adjustment			01	17,911	
f Workability Program Income			02	3,042	
g Parenting Class Income			01	815	

TY 2006 Cash Grants Paid Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Class of Activity	Recipient's name	Address	Amount	Relationship
Scholarship	Grantee 1		2,080	UNRELATED
scholarship	Grantee 2		155	uNRELATED
scholarship	grantee 3		2,400	uNRELATED
scholarship	grantee 4		550	uNRELATED
scholarship	grantee 5		2,600	uNRELATED
scholarship	grantee 6		1,560	uNRELATED
scholarship	grantee 7		1,400	uNRELATED
scholarship	grantee 8		2,250	uNRELATED

Class of Activity	Recipient's name	Address	Amount	Relationship
scholarship	grantee 9		900	uNRELATED
scholarship	grantee 10		1,300	uNRELATED
scholarship	grantee 11		150	uNRELATED
scholarship	grantee 12		2,420	uNRELATED
scholarship	grantee 13		800	uNRELATED
scholarship	grantee 14		265	uNRELATED
scholarship	grantee 15		798	uNRELATED
scholarship	grantee 16		2,060	uNRELATED

Class of Activity	Recipient's name	Address	Amount	Relationship
scholarship	grantee 17		3,600	uNRELATED
scholarship	grantee 18		2,300	uNRELATED
scholarship	grantee 19		3,227	uNRELATED
scholarship	grantee 20		2,475	uNRELATED
scholarship	grantee 21		3,080	uNRELATED
scholarship	grantee 22		180	uNRELATED
scholarship	grantee 23		720	uNRELATED
scholarship	grantee 24		600	uNRELATED

Class of Activity	Recipient's name	Address	Amount	Relationship
scholarship	grantee 25		2,000	uNRELATED
scholarship	grantee 26		2,920	uNRELATED
scholarship	grantee 27		1,250	uNRELATED
scholarship	grantee 28		3,575	uNRELATED
scholarship	grantee 29		1,250	uNRELATED
scholarship	grantee 30		180	uNRELATED

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** VISTA DEL MAR CHILD AND FAMILY SERVICES**EIN:** 95-1647832**Gross Sales Price:** 5,067,760**Basis:** 5,032,147**Sales Expenses:** 0**Total (net):** 35,613

Identifier	Return Reference	Explanation
Scholarship Program Outline	2006 Form 990, Schedule A, Part III, Line 3a	<p>Vista Del Mar Child and Family Services EIN 95-16478322006 Form 990, Schedule A, Part III, Line 3a VISTA DEL MAR CHILD AND FAMILY SERVICES SCHOLARSHIP PROGRAM OUTLINE 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. This 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.</p> <p>II REQUIREMENT GUIDE I INESA 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.</p> <p>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.</p> <p>III APPLICATIONS RESIDENTS A one page application titled "Resident Scholarship Application" must be submitted to the Scholarship Program Coordinator.</p> <p>B ALUMNI Alumni must complete and submit an application titled "Vista Del Mar Child and Family Services Scholarship Application".</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1 Qualification or disqualification of applicant by other funding sources 2 Applicant's income/expense ratios 3 Applicant's stated deficit 4 Program average income/expense ratio 5 Program average deficit 6 Applicant's income -from work 7 Applicant's GPA in prior units 8 Applicant's stated goal and time to completion 9 Program yearly award limit <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1 Verification of current enrollment 2 Verification of grades 3 Verification of GPA 4 Tracking of awarded checks 5 Scholarships on probation 6 Scholarships on hold 7 Tracking of recipients award term <p>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.</p> <p>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.</p> <p>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.</p> <p>SCHOLARSHIP PROGRAM (Addendum to Program Guidelines 9-3-02) EXISTING PROGRAM Funds available to residents for the following:</p> <ol style="list-style-type: none"> 1 Special Off-Campus classes such as music, vocal, gymnastics 2 Summer camp 3 Driver's Training 4 Jr. College tuition, books, fees, and supplies <p>After Discharge:</p> <ol style="list-style-type: none"> 1 College 2 Vocational Training Program <p>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 successful 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.)</p> <p>CHANGES IN EFFECT 9-5-02 Add Driver's Education funds for residents. Add Day Treatment funding as follows:</p> <ol style="list-style-type: none"> 1 Client must be at least 18 and

Identifier	Return Reference	Explanation
Scholarship Program Outline	2006 Form 990, Schedule A, Part III, Line 3a	not over 24 2 Client must have been receiving care as a Day Treatment client for a minimum of 12 months 3 Client must have successfully completed the program within 2 years of graduation from high school 4 Funds must be for College or Vocational Training programs 5 Funding limited to 40 months for a B A program and 18 months for a Vocational Training program 6 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

TY 2006 Investments - Other Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Description	Book Value	Cost/FMV
cash surrender value of life insurance	112,426	F

TY 2006 Land etc. Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Building and Improvements	15,170,527	7,057,071	8,113,456
Land and Improvements	1,848,140	345,858	1,502,282
Furniture and Equipment	1,121,234	1,076,264	44,970
Other	688,829	612,601	76,228
Leasehold Improvements	578,401	418,689	159,712
vehicles	468,142	394,844	73,298

TY 2006 Other Assets Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Description	Beginning of Year Amount	End of Year Amount
Split interest agreements	7,058,870	4,766,785

TY 2006 Other Changes in Net Assets Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Description	Amount
Unrealized Gain on investment	6,432,869
change in annuities payable	-42,031
change in the value of Charitable Remainder Trust	-33,234
Change in the value of Perpetual Trust	256,994
Provision of FASB Statement 158	-417,957

**TY 2006 Other Expenses
Not Included Schedule**

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Description	Amount
INVESTMENT MANAGEMENT FEES	28,664

TY 2006 Other Investment Income Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Description	Amount
gas/oil royalties	138

TY 2006 Other Liabilities Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Description	Beginning of Year Amount	End of Year Amount
gift annuity payable	1,490,995	1,324,747
accrued vacation	999,639	960,745
accrued payroll	298,845	386,419
contract reserve - wraparound	885,156	541,119
accrued workers compensation	876,922	735,046
other accrUed expenses	170,176	257,437
deferred revenue	77,651	39,745

TY 2006 Other Revenues Included Schedule**Name:** VISTA DEL MAR CHILD AND FAMILY SERVICES**EIN:** 95-1647832

Description	Amount
INVESTMENT MANAGEMENT FEES	-28,664
CHANGE IN ANNUITIES PAYABLE	-42,031
CHANGE IN THE VALUE OF CHARITABLE REMAINDER TRUST	-33,234
Change in the value of perpetual trust	256,994

TY 2006 Relationship Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Betty Sigoloff	Board Member	Dana Sigoloff	board member	Mother/Daughter In-law
Donald S Wolf	board Member	Elaine Wolf	board member	Husband and Wife

TY 2006 Special Events Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
SPORTS SWEEPSTAKES	823,477	383,802	439,675	439,675	0
Jersey Boys Theater Fundraiser	311,280	251,939	59,341	59,341	0
JAS	215,051	179,268	35,783	35,783	0
OTHER EVENTS	475,435	35,265	440,170	440,170	0

TY 2006 Other Income Schedule

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Description	2003	2002	2001	2000	Total
other income	51,334	628,186	322,014	178,009	1,179,543

TY 2006 Scholarship Award Statement

Name: VISTA DEL MAR CHILD AND FAMILY SERVICES

EIN: 95-1647832

Statement: SEE STATEMENT