Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Internal	Reven	and ending JUL 1, 2012 and ending J	UN 30, 2013
A Fo	r the	2012 calendar year, or tax year beginning 55 2 2,	D Employer identification number
B Chu	ck if	C Name of organization	
		- KIDWOOD COLLEGE	
	Addres change	S CORPORATION	94-2897317
	Name change	Doing Business As Room/suite	E Telephone number
	Initial return	Number and street (or P.O. box it mail is not delivered to site address)	(707) 462-3832
	Termir ated	1116 AIRPORT PARK BLVD.	G Gross receipts \$ 78,060,133.
	Ameno	City, town, or post office, state, and ZIP code	H(a) Is this a group return
	Application	UKIAH, CA 95482	for affiliates?
	pendl	I F Name and address of principal officer -	H(b) Are all affiliates included? Yes No
		SAME AS C ABOVE	⊣
LT	ах-ех	empt status: X 501(c)(3) 501(c) () (Insertio.) 501(c) (H(c) Group exemption number
JW	/ebsi	te: WWW.REDWOODCOASTRC.ORG Trust Association Other L Yea	r of formation: 1983 M State of legal domicile: CA
K F	orm o	organization: X Corporation I Trust Association College	
Pa	rt I	Summary Briefly describe the organization's mission or most significant activities: TO ASSIST	PERSONS WITH
0	1	Briefly describe the organization's mission or most significant activities:	
Activities & Governance		DEVELOPMENTAL DISABILITIES.	re than 25% of its net assets.
Ľ.	2	Check this box if the organization discontinued its operations or disposed of mo	3 16
OVE	3	Number of voting members of the governing body (Part VI, line 1a)	4 16
ڻ مح	4	Number of voting members of the governing body (Part VI, line 1b) Number of independent voting members of the governing body (Part VI, line 2c)	5 105
es 6	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	6 16
<u>ķ</u>	6	Total number of volunteers (estimate if necessary)	7a 0.
Ç	7 8	Total number of volunteers (estimate in recession) Total unrelated business revenue from Part VIII, column (C), line 12	7b 0.
		Net unrelated business taxable income from Form 990-T, line 34	Prior Year Current Year
	1		75,888,317. 77,763,262.
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	0. 0.
en	9	Program service revenue (Part VIII, line 2g)	26,535. 42,267.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,679. 254,604.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,940,531. 78,060,133.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,159,907. 70,286,547.
	13	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	14	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,958,621. 6,080,067.
Ses	15	a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Expenses	16	b Total fundraising expenses (Part IX, column (D), line 25)	1 600 107
QX.		. (D=+1V solumn (A) lines 11a,11d 11f-24e)	1,822,467. 1,688,107.
	17	A 44 lines 12 17 /must equal Part IX, column (A), line 25)	75,940,995. 78,054,721. -464. 5,412.
	18	. Outstand line 19 from line 12	
_	<u> 19</u>	Heveriue less expenses, odbardet into	Beginning of Current Year End of Year 21,680,591.
Assets or		Total assets (Part X, line 16)	
SSE		Total liabilities (Part X, line 26)	
let /	⊏	t the lease Subtroot line 21 from line 20	49,969. 55,381.
Π	리 2 Part	II Signature Block	the best of my knowledge and helief it is
		this return including accompanying Scrienings and St	atements, and to the best of my knowledge and belief, it is
tr	ia co	rrect, and complete the property of the proper	parer has any knowledge.
<u>u</u>	16, 00	enalties of perjury, I declare that I have examined this return, including accompanying concernation of which pre- rrect, and companying concernation of which pre-	Date
		Signature of officer	Buto
	ign Iere	CLAY JONES, EXECUTIVE DIRECTOR	
	iei e	Type or print name and title	Date Check PTIN
_		Print/Type preparer's name Preparer's signature	03/10/14 if self-employed P00164244
F	aid	ROBERT GRIFFITH	0 0 7 - 2 7 1 3 3 1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	repai	er Firm's name MATSON AND ISOM	Firm's EIN > 94-2222122
	Jse O	Firm's address 1726 COURT STREET	Phone no. (530)241-2515
		REDDING, CA 96001	Phone no. (530)241-2515 X Yes No
-	Jav t	ne IRS discuss this return with the preparer shown above? (see instructions)	Form 990 (2012)
,			1 0,1,1 = = = (40 1=)

	REDWOOD COAST DEVELOPMENTAL SERVICES	94-2897	317	Page 2
m 990	(2012) CORPORATION			
art II	TOLLLAND AND AS DECARAM SERVICE ACCOMPINATIONS			X
	Check if Schedule O contains a response to any question in this Part III			
Br	iefly describe the organization's mission:	UDTNG		
I,	iefly describe the organization's mission: T IS THE VISION THAT ALL PEOPLE IN OUR COMMUNITY, INCL. NDIVIDUALS WITH DEVELOPMNETAL DISABILITIES, WILL LIVE, NDIVIDUALS WITH THE PROPERT MOST INCLUSIVE ENVIRONMEN	LEARN,	WORK	,
T	NDIVIDUALS WITH DEVELOPMNETAL DISABILITIES, MODIVIDUALS WITH DEVELOPMNETAL DISABILITIES, MOST INCLUSIVE ENVIRONMEN			
DI	d the organization undertake any significant program services during the year which were not listed on	Ţ	Yes	X No
th	e prior Form 990 or 990-EZ?			
lf	"Yes," describe these new services on Schedule O.	, [Yes	X No
ח	"Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program services'	f		
lf.	"Yes," describe these changes on Schedule O.	by	ovnanse	20
		s measured by	nonees	and
9	escribe the organization's program service accomplishments for each of its three largest program common year of ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, trie total ex	.perisco	, απο
-	evenue, if any, for each program service reported.			
- /6	evenue, if any, for each program service reported. 76,646,999. including grants of \$ 70,286,547.	nue \$	असन	, ,
а (0 П			PE A	ND
Ť	THE ENTITY WAS ORGANIZED IN ACCORDANCE WITH THE THOUSENESS ACT OF THE CANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE CONTRACTOR WITH THE	TE WELLEN	<u> </u>	<u>איידייץ</u>
ŧ	ANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE CONTRACTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH THE INSTITUTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE CONTRACT	ACI, II	ES	THETE
7	INSTITUTIONS CODE OF CALIFORNIA. IN ACCORCANCE WITH THE VORKS IN PARTNERSHIP WITH PEOPLE WITH DEVELOPMENTAL DIS	OVDITITIES OF THE PROPERTY OF	MEXIT	. ተጥና
7	VORKS IN PARTNERSHIP WITH PEOPLE WITH DEVELOPMENTAL DISTANCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PEOPLE WITH DEVELOPMENTAL DISABILITY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	C GOVERN	$\frac{MENI}{O}$	VE
7	FAMILIES, LOCAL COMMUNITIES, SERVICE PROVIDERS, AND INTERPRETATION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISABILITY. AND SATISFYING LIVES IN THEIR	TITLES I	<u> </u>	ਅਪਦ
-	MISSION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISTRICTION OF THE INTERPRETATION OF THE PROPERTY OF THE PROPE	COMMONT	TY;	VOING
;	INDEPENDENT, PRODUCTIVE, AND SATISFYING DIVES IN THE PROPERTY ALSO STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN ENTITY ALSO STRIVES TO LESSEN DEVELOPMENTAL DISAB	INFANTS	AND	TOUNG
				ING
			<u>RE</u>	
:	DIAGNOSIS AND ASSESSMENT, INDIVIDUALIZED FUNCTION, COMMU	NITY LIV	ING	
	COORDINATION , EARLY INTERVENTION AND FREVENTION (Code:) (Expenses \$	venue \$		
4b	(Code:) (Expenses \$			
	(Code:) (Expenses \$) (R	evenue \$		
4c	(Code:) (Expenses v			
	One of the American (Departure in Schedule ())			
4d	(Revenue \$			
	(Expenses \$ including grants or \$			
<u>4e</u>	Total program service expenses ► 76,646,999.		Fo	orm 990 (20
_				

	REDWOOD COASI DEVELOTION 94-2897	<u> 317</u>	P	age '	<u>3</u>
Form	990 (2012) CORPORATION 34 2051				
Par	t IV Checklist of Required Schedules		Yes	No	<u>) </u>
THE REAL PROPERTY.				1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	<u> </u>	
	Is the organization described in Section 30 No.(6) 3. 10 No.(7) (1) If "Yes," complete Schedule A	2	X	Γ_{-}	
2				Т	
3	to direct or indirect political campaign activities on bondar of or at opposition	3	1	X	, .
4	Distance against the against the analysis of the against the again	4	1	X	_
-4	Section 501(c)(3) organizations. Did the organization engage in least year and the digital the organization engage in least year and the digital that year? If "Yes," complete Schedule C, Part II	<u> </u>		T	
_		5	l	x	ζ.
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reserves the section 501(c)(6) organization that	-ٽ	 	+-	
_	similar amounts as defined in Revenue Procedure 98-19711 Tes, complete Schedule 3, such funds or accounts for which donors have the right to Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I		1	13	ζ
6		6	┼─	┿	<u>-</u>
			}	٦,	K
7		7	┼─	┿	<u>-</u>
	the environment, historic land areas, or historic structures? It is restricted to the environment, historic land areas, or historic structures? It is restricted to the environment, historical treasures, or other similar assets? If "Yes," complete Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	1	١,	v
8		8	┼	┵	<u>x</u> _
			1	1	
9	Did the organization report an amount in Part X, line 21, for escrow of costodial accounts and listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1.	77
	amounts not listed in Part X; or provide credit counseling, debt management, or survey	9	1		<u>x</u> _
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ì	1	ļ	
10	Did the organization, directly or through a related organization, hold assets in temperatury	10			X_
	Did the organization, directly or through a related organization, field above in temperature. endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		1	i. 1	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V				
	as applicable.	1	1	1	
:	as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	<u>.</u>	1	X
	Part VI		\top	\neg	
		11t	اه	1	X
		·	+	\top	
	Line in the state of the state		_	-	Х
		·	_	十	
	toward for other accete in Part X. line 10 that is 5% of filler of the		اد	- 1	X
	d Did the organization report an amount for other assets "I' act y " Part X, line 16? If "Yes," complete Schedule D, Part IX Dat X "See OF It "Yes," complete Schedule D, Part X	110		x T	
		11	-	-	
			. .	\mathbf{x}	
		11	4	^	
	the organization's liability for uncertain tax positions under Fin 46 (AGS 746). 2a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- }	. ,	
12		12	<u>a</u>	X	
				1	7.5
		12	-		X
			_		X
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1			-	ŀ	l
			1	1	.
			4b		X
4	The state of the s	1	15		X
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	the 64E 000 of expenses for professional full disting solvious six and a		17		x
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	the date on total of fundraising event gloss income and sommers.		<u>, </u>		x
		···· -	18		+
	testion report more than \$15,000 of gross income from gaming activities of that viti, and our	- 1	_		x
			19		 Ω
			20a		+≏
	Did the organization operate one or more nospital facilities? If "res," compose the second of the organization attach a copy of its audited financial statements to this return?	2	20b	<u> </u>	
	b If "Yes" to line 20a, did the organization attach a copy of its addited interior state.	F	-orm	990	(201

REDWOOD COAST DEVELOPMENTAL SERVICES 94-2897317 Page 4 CORPORATION Form 990 (2012) Part IV | Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the X

last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete

Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? 31

If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

24a

24d

25a

25b

26

27

28a

28b

28c

29

31

32

33

34

35a

35b

36

X

X

X

X

X

X

X

X

X

Х

Х

X

X

X

CORPORATION Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2012) Part V Check if Schedule O contains a response to any question in this Part V No Yes 277 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Ō Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 105 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form **990** (2012)

94-2897317

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

	to line 8a, 8b, or 10b below, describe the circumstances, processor,			<u>X.</u>
	to line 8a, 8b, or 10b below, describe the circumstances, proceedings. Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management	Y	es 1	<u>40</u>
1a 1	Enter the number of voting members of the governing body at the end of the tax year 1a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
, h	body delegated broad authority to an executive committee or emissions who are independent			
ь	Enter the number of voting members included in line 1a, above, who are independent	2		X
2	Did any officer, director, trustee, or key employee have a family relationship to the director, trustee, or key employee? officer, director, trustee, or key employee?			
_		3		X_
3	Did the organization delegate control over management duties customanly performed by or attended	4		X
	of officers, directors, or trustees, or key employees to a management company of other person. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
4	Did the organization make any significant changes to its governing documents since the pre-	6	$\neg \top$	X
5	Did the organization become aware during the year of a significant diversity. Did the organization have members or stockholders? Did the organization have members or stockholders?			
6	to an attack holders or other belauts with the	7a	1	X
7a	Did the organization have members, stockholders, or other personal to (or subject to approval by) members, stockholders, or	 ••	$\neg \uparrow$	
		7b	ļ	X
b	Are any governance decisions of the organization reserved to (c. star) persons other than the governing body? persons other than the governing body?	1	\$14. Z	332-3
		8a	х	e da la fili
8	Did the organization contemporaneously document the meetings hold of the governing body? The governing body?	8b	X	
а	The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body?	85		
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the list there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who daring the section A, who dari	<u> </u>		
hamana ka	organization's mailing address? If "Yes," provide the names and addresses in Conscendent Internal Revenue Code.) Stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Van	No
Sec	ction B. Policies (Inis Section B requests information and property)	40=	Yes	X
	Did the organization have local chapters, branches, or affiliates?	10a	├──	
10a	Did the organization have local chapters, branches, or attiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1	}	Ì
t	If "Yes," did the organization have written policies and procedures governing the determined to determine the process of the second procedures governing the determined the the	10b	x	┼──
	and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	+~	
118	Has the organization provided a complete copy of this form see to assert the organization to review this Form 990.		x	
1	Describe in Schedule O the process, it any, used by the organization 13	12a	77	
12	a Did the organization have a written conflict of interest of the disclose annually interests that could give rise to conflicts?	12b	┼ ≏	
	 Were officers, directors, or trustees, and key employees required to disclose annually medically medically medically medically and consistently monitor and enforce compliance with the policy? If "Yes," describe 	1	3,7	Ì
	c Did the organization regularly and consistently monitor and enforce compliance	120		
	in Schedule O how this was done	13	7.5	
13	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
15			2 S.25	
		158		
	persons, comparability data, and contemporarieous substantiation of the persons o	. 15l	b X	
	t and the organization			() 数书
	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). If "yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	144		
10	6a Did the organization invest in, contribute assets to, or participate in a jew and a jew and a jew and a jew a j	16	a	X
	6a Did the organization invest in, contribute assets to, or participates and taxable entity during the year? Taxable entity during the year?			
	taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		\$ 3.	
	b If "Yes," did the organization follow a written policy or procedure requiring the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16	ib	
	in joint venture arrangements under applicable rederantax law, and take experience arrangements under applicable rederantax law, and take experience arrangements?			
5				
-	tection C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►CA 18 List the states with which a copy of this Form 990 is required to be filed ►CA 19 List the states with which a copy of this Form 990 is required to be filed ►CA 10 List the states with which a copy of this Form 990 is required to be filed ►CA 10 List the states with which a copy of this Form 990 is required to be filed ►CA	ılv) avai	ilable	_
		••		
-	the inspection Indicate how you made these available. Officer, and the control of			
	To public inspection. Indicate that year is a public inspection in the public inspection in the public inspection. In the public inspection is a public inspection in the public	, and fi	inanci	al
	The Cale adult O whether (and if so, how), the organization made its governing documents, conflict of interest person	,		
,	statements available to the public during the tax year.	nizatio	n· 🕨	
	and telephone number of the person who possesses and telephone number of the person who possesses	HZAUUI		
	DAMDICE NKKY - (/U /) 402 3002			
	1116 AIRPORT PARK BOULEVARD, UKIAH, CA 95482		orm ¢	90 (2012)
			U1 111 V	_ \

CORPORATION

94-2897317

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

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

X

Page 7

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

d former such persons. Check this box if neither the organizat (A) Name and Title	(B) Average hours per week	age (do not check box, unless per officer and a d				han o	ne an	Reportable compensation from	Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
1) KELLY LIVINGSTON	4.00							0.	0.	0	
RESIDENT		X		X				0.	0.		
2) CLAUDIA BOUDREAU	4.00				1			0.	0.	0	
REASURER		X		X	L		_	<u> </u>			
3) MARY WHEETLEY	4.00					ļ		,	0.	l o	
ICE PRESIDENT		X		X		_	ــــ	0.		-	
4) DENISE RUSK	2.00				1	1		0.	0.	l o	
ECRETARY		X		X	_	_	<u> </u>	0.			
5) DOROTHY PASCH	2.00		1	1	1			0	0.	\ o	
BOARD MEMBER		X	1	_	1	\perp	_			-	
(6) TRIXIE GALLETTI	2.00	_		1	1			0	.) 0.	.) o	
BOARD MEMBER		X		\perp	1	1	╄-	<u> </u>	•		
(7) MARY YATES	2.00	┨			ļ			0	0.	.) c	
BOARD MEMBER		אַ		1	+	+	+	ļ	•	1	
(8) SILAS M. MORRISON	2.00				1			0	0	.) (
BOARD MEMBER		X	4	+	+	╀	+-	-	•		
(9) BEVERLY FONTAINE	2.00		.		١			0	. 0	.\	
BOARD MEMBER]2	- 12	+	+	+	╁	 	•		
(10) TARA HAWKINS	2.00		_					0	. 0	.) (
BOARD MEMBER]2	4	+	+-	+	+	<u>°</u>	+		
(11) BRANDON BOELTER	2.00		.	Ì	1	İ		\ o	0		
BOARD MEMBER			K	4	+	+	+	 			
(12) DAVID MATSON	2.00		,,		-			1 0	. 0		
BOARD MEMBER			X	-	+	+	+	<u> </u>			
(13) PAMELA JENSEN	2.00		,	Ì				l c	0		
BOARD MEMBER			X L	+	+	+	+	 			
(14) JASON MCCUAN	2.00		x		-			1	0.		
BOARD MEMBER			4	+	+	\dashv	+	-			
(15) JESUS MACIAS-BALEON	2.0			1	1	1			0.	_	
BOARD MEMBER			x	+	\dashv	+	十				
(16) CLAY JONES	37.5	띡		- }	Ţ.			125,789	a_ c	26,76	
EXECUTIVE DIRECTOR		\perp	-		X	\dashv	+	123,70			
(17) PATRICK OKEY	37.5	뙤		١	۱ ,,			94,90	1.1 c	31,08	
DIRECTOR OF ADMINISTRATION					X					Form 990 (2	

Form **990** (2012)

CORPORA	ATION								74-2071			. 490	
art VII Section A. Officers, Directors,	Trustees Key Fmn	lov	es.	and	Hic	ghes	t Co	mpensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an effect and a direct/(rustan)					ne an	Reportable compensation from	Reportable compensation from related		(F) Estimated amount of other compensation		
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fron organ and r	n the nizatior related ization	1
8) MARY BLOCK	37.50	╫			<u> </u>	ł		1.5.5.00	0		3.0	,72	7.
RECTOR OF CLIENT SERVICE		L		L	<u> </u>	X		106,680	,	+		<u> </u>	
		-	1										
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						1				- 1			
					1	۷,		327,370	, • i	0.	8	8,5	
1b Sub-total c Total from continuation sheets to	Dort VII Section A				•••••		•	1		<u>0</u> .	-	8,5	0.
								327,370	· • 1	0.		0,5	/ U ·
d Total (add lines 1b and 1c)	g but not limited to	tho	se lis	sted	abo	ove)	who	received more than \$	100,000 of reportable	J			2
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former	officer, director, or	trus	tee,	key	em	ploy	ee, c	or highest compensate	d employee on		3		x
the contract of the short	- I far allah indil/idi.	ıaı							*****		3		
and the second s	- the our of report	ahle	con	npe	nsat	tion a	and (otner compensation in .1 for such individual			4	X	
 4 For any individual listed on line 1a, 1 and related organizations greater th 5 Did any person listed on line 1a rec 	The AMERICAN COM	nan	Catio	ın tr	om a	ผบงา	11 II O	lated organization of the	dividual for services		1	100	X
5 Did any person listed on line 1a rec rendered to the organization? If "Ye	es, " complete Sche	Jule	J fo	rsu	ch p	ersc	n			<u></u>	5_		<u>^</u>
										nen	sation	from	
the second secon	hest compensated	ind	eper	nder	nt co	ontra	ctor	rs that received more to thin the organization's	tax vear.				
Complete this table for your five high the organization. Report compensation.	tion for the calenda (A)	ar ye	ar e	nair	ig w	illi C	or vvii	(1	3)		((C) ensati	00
	ousiness address							Description	of services		Comp	ensau	
MULTIPLICITY THERAPE	UTIC SERVI	CE	S					PROGRAM SU	ישים איני	(2,5	58,3	398
1033 G STREET, ARCAT	A, CA 9552	:Τ_						PROGRAM BO	1				
COMPREHENSIVE SUPPOR PO BOX 86, CLEARLAKE	T SERVICES) -						SUPPORTED	LIVING		2,3	88,	588
QUALITY BEHAVIOR OUT	COMES	_							- TITTIO	l	2 2	31,	255
645 7TH STREET, ARCA	TA, CA 953	22	<u> </u>					SUPPORTED	TIATING		4,5	<u> </u>	
WATLORED LIVING CHOI	CES			: // :	E 2			PROGRAM SU	JPPORT		2,3	25,	232
2/1 NI MATNI STREET, L	AKEPORT, (. <u>A</u>	יעע אור	74: [S	<u> </u>								
ASSOCIATION OF BEHAV	TOW COMPO	Δ - 1	954	10	1.			PROGRAM ST	JPPORT	L	2, 2	05,	<u>⊿85</u>

850 2ND STREET, SANTA ROSA, CA 95401

\$100,000 of compensation from the organization

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form 9	90 (2012) CORPORATION VIII Statement of Revenue				[]
rait	Check if Schedule O contains a response to any question i	I Atal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Gran and Other Similar Amoun	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f Business Code	77,763,262.			
Program Service Revenue	c d e f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	42,267.			42,267.
	6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a	>			
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business C 11 a REIMBURSEMENTS 900099 b	254,60	4.		254,60
	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.	254,60 78,060,13		0.	0. 296,87

Form 990 (2012) CORPORATION
Part IX Statement of Functional Expenses

tion 501(Statement of Functional Expenses (c)(3) and 501(c)(4) organizations must complete (c)(3) and 501(c)(4) organizations are properties of the complete (c)(3) and 501(c)(4) organizations are properties of the complete (c)(3) and 501(c)(4) organizations are properties (c)(4) organizations are properties (c)(4) organizations (c)	to any question in this	Part IX	(A)	(D)
	Check if Schedule O contains a response	(A)	(B) Program service	Management and	Fundraising
8b. 9b.	ide amounts reported on lines 6b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
Grants	and other assistance to governments and				
organiz	zations in the United States. See Part IV, line 21				
Grants	s and other assistance to individuals in	70,286,547.	70,286,547.		
the Ur	nited States. See i art iv, in see	70,200,0		7	
Grants	s and other assistance to governments,				
organ	izations, and individuals outside the				
United	d States. See Part IV, lines 15 and 16				
Benef	fits paid to or for members			200 511	
Comp	pensation of current officers, directors,	416,233.	187,722.	228,511.	
truste	ees, and key employees				
Comp	ensation not included above, to disqualified				
perso	ns (as defined under section 4958(f)(1)) and				
perso	ns described in section 4958(c)(3)(B)	3,926,123.	3,413,853	512,270.	
7 Othe	or salaries and wages				
B Pensi	ion plan accruals and contributions (include	1,670,484.	1,387,748	282,736.	
section	on 401(k) and 403(b) employer contributions)	-10.01-3-			
	er employee benefits	67,227	55,695	. 11,532.	
o Payr	roll taxes	0,,==:			
1 Fees	s for services (non-employees):		_		
a Man	nagement	10,024	8,086	1,938.	
b Lega	al	38,000		38,000.	
c Acc	ounting				
d Lob	bying				
e Prof	ressional fundraising services. See Part IV, line 17				
f Inve	estment management fees				
g Oth	ner. (If line 11g amount exceeds 10% of line 25,	86,087	72,735	13,352.	
colu	umn (A) amount, list line 11g expenses on Sch O.)	6,172		1,193.	
12 Adv	vertising and promotion	56,425		10,910.	
13 Off	ice expenses	21 294			
	ormation technology				
15 Ro	yalties	843,835	680,680	163,149.	
16 Oc	cupancy	160 05		7. 18,198.	
. Tu	aual	103/55			
18 Pa	lyments of travel or entertainment expenses				
for	r any federal, state, or local public officials	20 65	16,66	4. 3,993.	
19 Co	onferences, conventions, and meetings	9 569	9.	9,569.	
20 Inf	terest				
21 Pa	ayments to affiliates				
22 De	epreciation, depletion, and amortization	61,08	2. 49,27	2. 11,810	
23 In	surance				
24 0	ther expenses. Itemize expenses not covered pove. (List miscellaneous expenses in line 24e. If li	ne			
ar	mount, list line 24e expenses on Schedule 0.)	185,06	9. 149,28	5. 35,784	
a C	COMMUNICATION	$-\frac{105,00}{79,73}$		9. 15,418	
ьΞ	EQUIPMENT	$-\frac{75,73}{35,99}$		3. 5,349	
5 ء	ENERAL EXPENSES	$-\frac{33,99}{34,06}$		34,064	
d Z	ARCA DUES	$-\frac{34,00}{30,14}$	5. 24,31	5,829	
e A	All other expenses			9. 1,407,722	•
os 1	Total functional expenses. Add lines 1 through 24				
26 .	loint costs. Complete this line only if the organization	ion			
r	renorted in column (B) joint costs from a combined	1		į	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720	0) [Form 990 (20

m ac	an 12	012) CORPORATION			
art	X	Balance Sheet			X
		Balance Sheet Check if Schedule O contains a response to any question in this Part X	(A) Beginning of year		Elia or year
			6,402,776.	1	2,595,831.
Τ	1	Cash - non-interest-bearing	0, 402/1100	2	
ł	^	Sovings and temporary cash investments	19,520,460.	3	18,593,809.
ļ	3	Pledges and grants receivable, net	17,520,1200	4	
l	4	- turkle not			
ļ	5	t ather receivables from current and former officers, directors,			
1	3	trustees, key employees, and highest compensated employees. Complete		5	
l					
1	6	the respective bloss from other disqualified persons (as defined under			
- 1	Ü	4050/6/11) persons described in Section 4900(J)(D), and services			
1		t are a wing organizations of Section 30 I(c)(3) Voluntary		6	
-		employees' heneficiary organizations (see instr). Complete Fart if or con-		7	
3	7	Notes and loans receivable, net		8	
	8	Least arise for sale or USA	24,058.	9	24,031.
۲ ۱	9	Prepaid expenses and deferred charges		SALEA!	
ŀ	10 a	a Land huildings, and equipment; cost or other			
١	106	basis Complete Part VI of Schedule D 10a	[발표][14] (14] [15] (15] (15] (15] (15] (15] (15] (15] (10c	. · ·
1		Least accumulated depreciation 10b		11	
	11	harded securities	49,969.	12	55,381.
	12	ther securities See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11		14	
	14	Intendible assets	409,571.		411,539.
	15	0 - 0 - 4 IV line 11	26,406,834.	16	21,680,591.
	16	T 1-1 Add lines 1 through 15 (must equal line 34)	6,173,519	17	6,705,179.
	17	Accounts payable and accrued expenses		18	
	18	Overto payable		19	
	19	Deferred revenue		20	
	20	- Librard Robilition		21	
Ś	21				
Liabilities	22	the manuscript and former officers, directors, tractors,			
api	1	key employees, highest compensated employees, and disqualitied persons.		22	200 000
Ξ	1	a Late Deat II of Schodule I	6,500,000	. 23	2,000,000
	2	3 Secured mortgages and notes payable to unrelated third parties		24	
	2	Unsecured notes and loans payable to unrelated third parties			}
	2	Other liabilities (including federal income tax, payables to related third			10 000 021
	-	Other liabilities (including lederal income tax, payantees, and other liabilities not included on lines 17-24). Complete Part X of	13,683,346	• 25	7 64 CAE 310
	1	Schedule D	26,356,865	• 26	21,025,210
	2	Total liabilities. Add lines 17 through 25			
	1	Organizations that follow SFAS 117 (ASC 958), check here X and			55,381
es		complete lines 27 through 29, and lines 33 and 34.	49,969		
Suc	2	27 Unrestricted net assets		28	
324	2	28 Temporarily restricted net assets		29	
J PC	:	29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ū	-	Organizations that do not follow SPAS 117 (AGG 555), 5115			
ţ	5	and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds		3	
į	2	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		3	
٥	2	 Paid-in or capital surplus, or land, building, or equipment rate Retained earnings, endowment, accumulated income, or other funds 		3	
Accept or Fund Balances		32 Retained earnings, endowment, accumulated income, or other	49,96		
2	2	33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances	26,406,83	4. 3	Form 990 (20
		34 Total liabilities and net assets/fund balances			Form 330 (2

94-2897317 Page 12 CORPORATION Form 990 (2012) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 78,060,133. Total revenue (must equal Part VIII, column (A), line 12) 78,054,721. 1 Total expenses (must equal Part IX, column (A), line 25) 2 5,412. 3 2 Revenue less expenses. Subtract line 2 from line 1 49,969. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 8 7 Prior period adjustments 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 9 55,381. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII No Yes Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis X Separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis X Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit За Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

REDWOOD COAST DEVELOPMENTAL SERVICES

Employer identification number 94-2897317

CORPORATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 2 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 3 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Non-functionally integrated c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vii) Amount of monetary (vi) is the (iv) is the organization (v) Did you notify the ganizátion in col. (iii) Type of organization organization in col. support (ii) EIN (i) organized in the (i) Name of supported in col. (i) listed in your (described on lines 1-9 (i) of your support? governing document? organization above or IRC section No Yes (see instructions)) Yes No No Yes

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

Schedule A (Form 990 or 990-EZ) 2012

94-2897317 Page 2

Schedule A (Form 990 or 990-EZ) 2012 CORPORATION

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

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

	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Sect	ion A. Public Support				4 0 0044	(e) 2012	(f) Total
Calend	lar year (or fiscal year beginning in)▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(6) 2012	
1 (orante contributions and	75156815.	76027744.	75532042.	75888317.	77763262	.380368180
2	Tax revenues levied for the organ- zation's benefit and either paid to						
	or expended on its behalf				1		
3	The value of services or facilities furnished by a governmental unit to				1		
	the organization without charge			DEE22042	75888317	77763262	.380368180
	Total. Add lines 1 through 3	75156815	76027744.	75534044	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						4.65 1.85 5.74
	column (f)						380368180
6	Public support, Subtract line 5 from line 4						
Se	ction B. Total Support			1 ()0010	(d) 2011	(e) 2012	(f) Total
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009 . 76027744	(c) 2010 . 75532042		.77763262	2.380368180
7	Amounts from line 4	75156815	.76027744	./3332042			
8	Gross income from interest,						
_	dividends, payments received on		Ì		l l	Ĭ	
	securities loans, rents, royalties	0.5 743	93,961	54,555	26,535	42,26	7. 314,061.
	and income from similar sources	96,743	93,901	· J= / J = /	,,,		
9	Net income from unrelated busines	ss				1	
	activities, whether or not the						
	business is regularly carried on				_		
10	Other income. Do not include gain					1	
	or loss from the sale of capital	11 60	1. 14,637	9,15	3. 25,67	9. 254,60	4. 315,757.
	assets (Explain in Part IV.)	11,684	14,05				380997998
11	Total support. Add lines 7 through 1	0	· · · · · · · · · · · · · · · · · · ·			12	
12			uctions)	third fourth or fift	th tax vear as a se	ction 501(c)(3)	_
13	Gross receipts from related activitiesFirst five years. If the Form 990 is	for the organizati	on's first, second,	traita, iourtri, or in	2,1 200. 7 200.		>
	Is a stable boy and s	ton here					00.02
S	ection C. Computation of Pu	ubile Support	(6 divided by line 1	1 column (f)		14	99.83 %
1	4 Public support percentage for 20	12 (line 6, column	(I) divided by line 1 Dort II line 1/1	,, 00.0		15	99.79 %
1	 Public support percentage for 20 Public support percentage from 2 6a 33 1/3% support test - 2012. If t 						his box and
1	6a 33 1/3% support test - 2012. If t stop here. The organization quali	ne organization di	supported organiza	ation	,		
	b 33 1/3% support test - 2011. If the and stop here. The organization	and organization di analifice se s nubl	icly supported ora	anization			
•	17a 10% -facts-and-circumstances and if the organization meets the	. Ifacts and circum	stances" test. che	ck this box and si	t op here. Explain i	n Part IV how the	organization
	and if the organization meets the meets the "facts-and-circumstand	one" toet. The org	anization qualifies	as a publicly supp	oorted organizatior	ı	
	b 10% -facts-and-circumstances more, and if the organization med	ote the "facte and	circumstances" te	st, check this box	and stop here. Ex	xplain in Part IV h	ow the
	more, and if the organization mee organization meets the "facts-an	dicircumetancee	test. The organiza	tion qualifies as a	publicly supported	d organization	
	organization meets the "facts-and the private foundation. If the organical transfer or the property of the pro	ization did not che	eck a box on line 1	3, 16a, 16b, 17a, c	or 17b, check this	box and see instr	uctions
-	18 Private foundation. If the organi	ZAGOTI GIA HOLOTIC				Schedule A (For	m 990 or 990-EZ) 2012

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

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

		II.)				
ction A. Public Support	(b) 3	2009 (c) 2	010 (d) 20	11 (e)	2012 (f) 7	otal
elidal year (or noon, your s	2008 (b) 2	1009				
Gifts, grants, contributions, and			ļ	ļ	ł	
membership fees received. (Do not	l l					
include any "unusual grants.")						
Gross receipts from admissions,				1	ļ	
merchandise sold or services per- formed, or facilities furnished in				į.		
any activity that is related to the						
organization's tax-exempt purpose						
Gross receipts from activities that	,			}	Ì	
are not an unrelated trade or bus-	1	ļ.	ļ	į		
iness under section 513						
Tax revenues levied for the organ-				1		
ization's benefit and either paid to						
or expended on its behalf						
or facilities			}	1	Ì	
furnished by a governmental unit to				l		
the organization without charge						
Total. Add lines 1 through 5				ł		
7a Amounts included on lines 1, 2, and	ļ					
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that	Ì			ļ	į	
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support	a) 2008 (t) 2009	2) 2010 (d)	2011	(e) 2012 (f) Total
Salendar year (or floods your bost most of	1) 2000	,, ====				
9 Amounts from line 6				_		
10a Gross income from interest, dividends, payments received on				į	\	
cocurities loans, rents, royalties	l l	Ì		_		
and income from similar sources						
b Unrelated business taxable income					I .	
D Dill gigren progress rayable manner	ì			İ	\	
(less section 511 taxes) from businesses						
(less section 511 taxes) from businesses acquired after June 30, 1975						
(less section 511 taxes) from businesses acquired after June 30, 1975						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b,						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	organization's first	s, second, third, fo	urth, or fifth tax year	as a section 50	01(c)(3) organization	١,
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	organization's first	t, second, third, fo	urth, or fifth tax year	as a section 50	01(c)(3) organization	ı, ▶[
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here	Support Perce	ntage				n, ▶
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here	Support Perce	ntage				¹, ▶□
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S	Support Perce	ntage	nn (f))	15	5	١, 🎤
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage for 2012 (line 6)	Support Perce 3, column (f) divide	ntage d by line 13, colur ne 15	nn (f))	15	5	ı, ▶[
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage for 2012 (line 8) 16 Public support percentage from 2011 Sch	Support Perce 3, column (f) divide nedule A, Part III, I	ntage d by line 13, colur ne 15 ercentage	nn (f))	15	3	n, ▶
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage for 2012 (line 6) 16 Public support percentage from 2011 Sch Section D. Computation of Investm 17 Investment income percentage for 2012 (Support Perce 3, column (f) divide nedule A, Part III, II nent Income P Iline 10c, column (f	ntage d by line 13, colur ne 15 ercentage d divided by line 1	nn (f))	15	5 5 5 5 5 5 5 5 5 5	
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage for 2012 (line 6) 16 Public support percentage from 2011 Sch Section D. Computation of Investm 17 Investment income percentage for 2012 (Support Perce 3, column (f) divide nedule A, Part III, II nent Income P Iline 10c, column (f	ntage d by line 13, colur ne 15 ercentage d divided by line 1	nn (f))	15	5 5 5 5 5 5 5 5 5 5	
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage from 2011 Sch 16 Public support percentage from 2011 Sch Section D. Computation of Investm 17 Investment income percentage from 2012 (Inc. 8) 18 Investment income percentage from 2011	Support Perce 3, column (f) divide nedule A, Part III, II nent Income P (line 10c, column (f 1 Schedule A, Part	ntage d by line 13, colur ne 15 ercentage divided by line 1	3, column (f))	15 16 11 11 12 18	5 5 7 8 1/3%, and line 17 is	not
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage from 2011 Sct 16 Public support percentage from 2011 Sct Section D. Computation of Investm 17 Investment income percentage from 2012 (Inc. 8) 18 Investment income percentage from 2011 19 a 33 1/3% support tests - 2012. If the org	Support Perce B, column (f) dividendule A, Part III, II LENT Income P Line 10c, column (f Schedule A, Part anization did not co	ntage d by line 13, colur ne 15 ercentage divided by line 1 ill, line 17 heck the box on line in the graph of the second of the	nn (f)) 3, column (f)) ne 14, and line 15 is	15 16 17 17 18 18 18 18 18	5 5 5 7 8 1/3%, and line 17 is	: not ▶[
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage from 2011 Sct 16 Public support percentage from 2011 Sct Section D. Computation of Investment income percentage from 2012 (line 8) investment income percentage from 2011 18 Investment income percentage from 2012 (more than 33 1/3%, check this box and section 2012).	Support Perce B, column (f) dividendule A, Part III, II Inent Income P Iine 10c, column (f) 1 Schedule A, Part anization did not costop here. The organization	ntage Individual by line 13, colur Ine 15 Individual by line 1 Individua	nn (f)) 3, column (f)) ne 14, and line 15 is as a publicly suppo	15 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	7 8 1/3%, and line 17 is on	not▶[
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public S 15 Public support percentage for 2012 (line 6) 16 Public support percentage from 2011 Sch Section D. Computation of Investm 17 Investment income percentage from 2012 (line 6) 18 Investment income percentage from 2011	Support Perce 3, column (f) divide nedule A, Part III, III, III, III nent Income Part III, III nent Income Part III, III nent Income Part III nent	ntage d by line 13, colur ne 15 ercentage d divided by line 1 ill, line 17 heck the box on line anization qualifies theck a box on line	nn (f)) 3, column (f)) ne 14, and line 15 is as a publicly suppo	more than 33 red organization 16 is more ublicly support	7 8 1/3%, and line 17 is on	s not ▶[

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION

Employer identification number

94-2897317

Organization type (che	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization of the Check if your organization of the Check is the Check in the Check in the Check is the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check if your organization of the Check is the Check if your organization of the Check is the Check	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule For an organ contributor.	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one Complete Parts I and II.
Special Rules	
509(a)(1) an of the amou	n 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections id 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% unt on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For a section	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, butions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or tion of cruelty to children or animals. Complete Parts I, II, and III.
For a section contribution If this box purpose. If the contribution is contributed by the contribution of	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, one for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. Is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., no not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions of \$5,000 or more during the year
	ization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

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

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

Name of organization
REDWOOD COAST DEVELOPMENTAL SERVICES

Employer identification number

EDWOO	D COAST DEVELOPMENTAL SERVICES ATION	94-	-2897317
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	(d)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
No. 1	DEPARTMENT OF DEVELOPMENTAL SERVICES 1600 9TH STREET, ROOM 300, MS 3-18 SACRAMENTO, CA 95814	\$ 77,763,262.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and Em + 4	- \$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b)	(c)	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution orm 990, 990-EZ, or 990-PF) (201

Name of organization

REDWOOD COAST DEVELOPMENTAL SERVICES

94-2897317

CORPORATION

art II Nonca	ash Property (see instructions). Use duplicate copies of Part		4.0
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
		()	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
		Ψ	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		· ·	
_			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
			rm 990, 990-EZ, or 990-PF)

Employer identification number

Manie of organiz	411011		CHRITTORC
REDWOOD	COAST	DEVELOPMENTAL	SERVICES
	9 T O 17		

9	4-	2	89	7	3:	17	_
s tha	tota	ĪΠ	nore	th	an	\$1	,001

the	total of exclusively religious, charitable, etc e duplicate copies of Part III if additiona	, contributions of \$1,000 of less for the y	8), or (10) organizations that total more than \$1,000 for the impleting Part III, enter ear. (Enter this information once.)
0, 1 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
-			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
}	- Lucius adduna	ss. and ZIP + 4	Relationship of transferor to transferee
	Transferee's name, addres	~	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

REDWOOD COAST DEVELOPMENTAL SERVICES

 $\begin{array}{l} \textbf{Employer identification number} \\ 94-2897317 \end{array}$

CORPORATION CORPORATION	or Accounts.Complete if the
CORPORATION art I Organizations Maintaining Donor Advised Funds or Other Similar Funds	
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
(a) Donor advised runds	
Total number at end of year	
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	sed funds
Aggregate value at end of year	Yes No
Did the organization inform all donors and donor advisors in writing that the desert results are the organization's property, subject to the organization's exclusive legal control?	used only
are the organization's property, subject to the organization's exclusive legal control. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	conferring
for charitable purposes and not for the benefit of the donor of donor of	Yes NO_
for charitable purposes and not for the benefit of the donor or donor advisor, or to any summing impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, F	Part IV, line 7.
LINE OF COMPATION PACEFIELDS. COMPUTED IN THE CONTROL OF COMPUTED IN THE CONTROL OF COMPUTED IN THE CONTROL OF COMPUTED IN THE CONTROL OF COMPUTED IN THE CONTROL OF COMPUTED IN THE CONTROL OF COMPUTED IN THE CONTROL OF CONTROL OF COMPUTED IN THE CONTROL OF COMPUTED IN THE CONTROL OF CO	
	istorically important land area
Preservation of land for public use (e.g., recreation of education)	rtified historic structure
Protection of natural habitat	
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a conservation easement on the last
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the second contribution in the s	
day of the tax year.	Held at the End of the Tax Year
	2a
a Total number of conservation easements	2b
 Number of conservation easements on a certified historic structure included in (c) acquired after 8/17/06, and not on a historic structure. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure. 	2d
d Number of conservation easements included in (a) dequal listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by t	the organization during the tax
3 Number of conservation easements modified, transferred, feleased, oxtanguistres,	
	_
year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of the organization have a written policy regarding the periodic monitoring.	of Ves No
5 Does the organization have a written policy regarding the periodic monitoring.	Yes L No
Does the organization have a written policy regarding the periodic monitoring, inspection, harding violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the periodic monitoring conservation easements during the periodic monitoring, inspecting, and enforcing conservation easements during the periodic monitoring, inspection, harding the periodic monitoring the	s during the year -
6 Staff and volunteer hours devoted to morniography, may and enforcing conservation easements duri	ring the year ▶ \$
 Amount of expenses incurred in monitoring, inspecting, and enfolding school states. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 	170(h)(4)(B)(l)
8 Does each conservation easement reported on line 2(d) above satisfy and section 170(h)(4)(B)(ii)?	Yes Ne
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expe	nse statement, and balance sheet, and
9 In Part XIII, describe how the organization reports conservation easements in its revenue and experience a	oes the organization's accounting for
include, if applicable, the text of the foothole to the organization	Acots
conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or	r Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	t at works of art
Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected as permitted under SFAS 116 (ASC 958), not to report in its revenue state of the organization elected a	atement and balance sneet works of art,
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue so historical treasures, or other similar assets held for public exhibition, education, or research in furth historical treasures, or other similar assets held for public exhibition, education, or research in furth historical treasures.	herance of public service, provide, in Fare XII
historical treasures, or other similar assets meet to the text of the footnote to its financial statements that describes these items.	to the of orthistories
the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater	ment and balance sneet works of art, historia
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue states treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide the following arrives
treasures, or other similar assets field for passes	. .
relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	
(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for fine If the organization received or held works of art, historical treasures, or other similar assets for fine 	ancial gain, provide
2 If the organization received or neith works of art, independent of the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	:
the following amounts required to be reported under SFAS 116 (ASC 958) relating to triese items. a Revenues included in Form 990, Part VIII, line 1	
a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	> \$
b Assets included in Form 990, Fait A	Sahadula D (Form 990) 2

04-2897317 P

	REDWOOD CORPORAT						4-289			_
<u>nedule</u>			Historica	al Trea	sures, or Othe	r Simila	ar Assets	(continue	a)	
art II	D (Form 990) 2012 CORPORAT: Organizations Maintaining Cosing the organization's acquisition, accession	nections of Arts	check any	of the foll	lowing that are a si	gnificant (use of its co	ollection it	ems	
Us	sing the organization's acquisition, accession	, and other records,	Cileon any							
(cł	neck all that apply):	d			nge programs					
a [Public exhibition	u e								_
b [Scholarly research	_								
c [Preservation for future generations rovide a description of the organization's col		Almony 611	ther the	organization's exe	mpt purp	ose in Part	XIII.		
4 Pr	rovide a description of the organization's col	ections and explain i	NOW they lu	ol tropeu	res or other simila	r assets				
s Di	uring the year, did the organization solicit or	Leceive dollations of	1 -41	مالم مالم	notion?			Yes		<u> 10</u>
to	uring the year, did the organization solicit or be sold to raise funds rather than to be mai	ntained as part of the	e organizati	on s cone	answered "Yes" to	Form 990), Part IV, lir	ne 9, or		
art	IV Fectow and Custodial Arrang	ettlettra: Combien	e if the orga	mzation	answord					
	reported an amount on Form 990, Part	X, line 21.		ibutions	or other assets no	t included		_		
1a ls	reported an amount on Form 990, Parts the organization an agent, trustee, custodia	in or other intermedia	ary for conti	IDUIIOIIS	Of Other deserts			Yes		No
	m 13/0				***************************************					
h if	n Form 990, Part X7 f "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table	:				Amount		
						10				
c E	Beginning balance									
4 [Distributions during the year Ending balance							Yes		No
f t	Ending balance	orm 990, Part X, line	21?		d le Dort VI	 11				
2a l										
Dari	If "Yes," explain the arrangement in Part XIII. Endowment Funds. Complete	f the organization an			(c) Two years back	(d) Thre	e vears back	(e) Four	years b	ack
		(a) Current year	(b) Prior	year	(C) IWO years Dack	10, 11	0) 0	1		
4	Beginning of year balance					 -				
	Contributions					+		1		
b	Net investment earnings, gains, and losses				<u> </u>			1		
	Grants or scholarships					+				
	Other expenditures for facilities									
е	and programs							+		
	and programs				ļ			+		
f	Administrative expenses	1			<u> </u>					
g	End of year balance Provide the estimated percentage of the cu	rrent vear end balan	ce (line 1g,	column (a)) held as:					
2	Provide the estimated percentage of the se		%							
а	Board designated or quasi-endowment	%								
þ	Permanent endowment	%								
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.								
	The percentages in lines 2a, 2b, and 2c sh Are there endowment funds not in the pos	session of the organi	ization that	are held	and administered t	for the org	janization		Yes	N
	Are there endowment funds not in the pos	30301011 01 1112 110						20(1)		۲:
3a	by: (i) unrelated organizations							3a(i)	T -	+
3a	(i) unrelated organizations							3a(ii	4	+
	(1)		on Schedu	ıle R?				<u> 3b</u>		
	(i) unrelated organizations	one lietad se raquirad								
	(ii) related organizations	ons listed as required	dowment fu	ınds.						
b 4	(ii) related organizations	ons listed as required the organization's en	COMMUNICITY	21 IGO.						
b 4	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of art VI Land, Buildings, and Equi	the organization's en oment. See Form 9	90, Part X, I	line 10.		(c) Accum	ulated		ok val	ue
b 4	(ii) related organizations	the organization's en pment. See Form 9	90, Part X, I r other	line 10. (b) Co			ulated		ok val	ue
b 4 Pa	(ii) related organizations of If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the state o	the organization's enoment. See Form 9 (a) Cost of basis (investigation)	90, Part X, I r other	line 10. (b) Co	ost or other	(c) Accum	ulated		ook val	ue
b 4 Pa	(ii) related organizations of If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the intende	the organization's encoment. See Form 9 (a) Cost of basis (Investigation)	90, Part X, I r other	line 10. (b) Co	ost or other	(c) Accum	ulated		ook val	ue
4 Pa	(ii) related organizations of If "Yes" to Sa(ii), are the related organization Describe in Part XIII the intended uses of the same service of th	che organization's en coment. See Form 9 (a) Cost of basis (inve	90, Part X, I r other	line 10. (b) Co	ost or other	(c) Accum	ulated		ook val	ue
Pa	(ii) related organizations of f "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the state of	ons listed as required the organization's en oment. See Form 9 (a) Cost of basis (investigation)	90, Part X, I r other	line 10. (b) Co	ost or other	(c) Accum	ulated		ook val	ue
Pa	(ii) related organizations of If "Yes" to Sa(ii), are the related organization Describe in Part XIII the intended uses of the same service of th	ine organization's en ment. See Form 9 (a) Cost or basis (inve	90, Part X, I r other	line 10. (b) Co	ost or other	(c) Accum	ulated		ook val	ue

hedule D	(Form 990) 2012	CORPORATION	Free 000 Bort V line 19		
V/11	Investments - U	ther Securities. See	e Form 990, Part X, line 12 (b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
) Descript	tion of security or categor	y (including name of security)	(B) BOOK VAIGE	(-)	
Financia	derivatives				
Closely	held equity interests				
Closely.	Held Oquity III				
(A)					
(B)					
(C)	<u> </u>				
(D)					
(E)					
(F)					
(G)					
(H)					
(1)		= 13/ 1 (D) line 12 \			
otal. (Col.	(b) must equal Form 990.	Part X, col. (B) line 12.)	Can Form 990 Part X. line	13.	t commented value
Part VII	III Investments = I	Program Meiatour	See Form 990, Part X, line (b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
	(a) Description of inv	estment type	(0)		
(1)			+		
(2)					
(3)					
(4)					
(5) (C)					
(6)					
(7)					
(8)					
(9)					
(9)		no Part Y col (R) line 13.)	>		
(9) (10)	I. (b) must equal Form 99	0, Part X, col. (B) line 13.)	ine 15.		
(9) (10)	ol. (b) must equal Form 99	See Form 990. Pall A.	1110 10.	Egy segrentian agent	(b) Book value
(9) (10)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	ine 15. (a) Description		
(9) (10)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 12	ol. (b) must equal Form 99	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 12 (1) (2)	ol. (b) must equal Form 99 K Other Assets.	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 12 (1) (2) (3)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 12 (1) (2) (3) (4)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 1) (1) (2) (3) (4) (5)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 1) (1) (2) (3) (4) (5) (6)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 1) (1) (2) (3) (4) (5) (6) (7)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	1110 10.		
(9) (10) Total. (Co Part 1) (1) (2) (3) (4) (5) (6) (7) (8)	ol. (b) must equal Form 99 X Other Assets.	See Form 990. Pall A.	1110 10.		
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(9) (10) Total. (Co Part 1) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	See Form 990, Part X, col. (I	(a) Description		
(9) (10) Total. (Co Part 1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal	See Form 990, Part X, col. (I	(a) Description		
(9) (10) Total. (Co Part 1) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal	Form 990, Part X, col. (Lies. See Form 990, Part X)	(a) Description		
(9) (10) Total. (Co Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part	Column (b) must equal X Other Liabili (a)	Form 990, Part X, col. (It ties. See Form 990, Part X) Description of liability	B) line 15.)	(b) Book value	
(9) (10) Total. (Co Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1)	Column (b) must equal X Other Liabili Federal income taxes	Form 990, Part X, col. (Ittes. See Form 990, Part X) Description of liability	B) line 15.) It X, line 25.		
(9) (10) Total. (Co Part 1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1)	Column (b) must equal X Other Liabili Federal income taxes	Form 990, Part X, col. (Ittes. See Form 990, Part X) Description of liability	B) line 15.) It X, line 25.	(b) Book value 102,773.	
(9) (10) Total. (Co Part 1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1)	Column (b) must equal X Other Liabili Federal income taxes RESERVE FOR ADVANCE - S	Form 990, Part X, col. (Lites. See Form 990, Part X) Description of liability	B) line 15.) rt X, line 25.	(b) Book value	
(9) (10) Total. (Co Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1)	Column (b) must equal X Other Liabili Federal income taxes	Form 990, Part X, col. (Ittes. See Form 990, Part X) Description of liability	B) line 15.) rt X, line 25.	(b) Book value 102,773.	
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(9) (10) Total. (Co Part I) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6)	Column (b) must equal X Other Liabili Federal income taxes RESERVE FOR ADVANCE - S CONTRACT	Form 990, Part X, col. (Ittes. See Form 990, Part X) Description of liability	B) line 15.) rt X, line 25.	(b) Book value 102,773.	
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(9) (10) Total. (Co Part I) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Column (b) must equal X Other Liabili Federal income taxes RESERVE FOR ADVANCE — S CONTRACT	Form 990, Part X, col. (Ittes. See Form 990, Part X) Description of liability	B) line 15.) rt X, line 25.	(b) Book value 102,773.	
(9) (10) Total. (Co Part 1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Column (b) must equal X Other Liabili (a) Federal income taxes RESERVE FOR ADVANCE - S CONTRACT	Form 990, Part X, col. (Ittes. See Form 990, Part X) Description of liability	B) line 15.) rt X, line 25.	(b) Book value 102,773.	
(9) (10) Total. (Co Part 1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (6) (7) (8) (9) (10)	Column (b) must equal X Other Liabili (a) Federal income taxes RESERVE FOR ADVANCE - S CONTRACT	Form 990, Part X, col. (ties. See Form 990, Part X) Description of liability R UNEMPLOYMEN	B) line 15.) rt X, line 25.	(b) Book value 102,773. 12,817,258.	(b) Book value

REDWOOD COAST DEVELOPMENTAL SERVICES 94-2897317 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return CORPORATION Schedule D (Form 990) 2012 78,060,133. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 2е e Add lines 2a through 2d 78,060,133. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 78,060, 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 78,054,721. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 78,054 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Part XIII Supplemental Information

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF

4a 4b

TAX POSITIONS, SUCH AS THE FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

Schedule D (Form 990) 2012

0.

78,054,721.

SCHEDULE 1 Form 990)	Somo	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States e organization answered "Yes" to Form 990, Part IN	o Organizations, the United State o Form 990, Part	s IV, line 21 or 22.		2012 OMB No. 1545-0047 Open to Public Inspection
	15	SETTET ODMENTAL SE	► Attach to Form 990. SERVICES	.066		THE STATE OF THE S	Employer identification number 94-2897317
Name of the organization REDWOOD COAN	COAST DEVE						
Part I General Information on Grants and Assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance, and the selection of the grants or assistance or ass	d Assistance o substantiate the	amount of the grants of	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	X Yes No
criteria used to award the grants or assistance?	tance?	the use of grant f	of grant funds in the United States	States.		VI had ood Darl IV	line 21, for any
凉	cedures for monifications and	Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 330, Fair i	
Part III Grants and Other Assistance & Cooperate Cooperate Grants and Other Space is needed recipient that received more than \$5,000. Part II can be duplicated if additional space is needed recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	55,000. Part II can	be duplicated if addition	onal space is need (d) Amount of	(e) Amount of	(f) Method of valuation (book,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1 (a) Name and address of organization or government	NIII (0)	if applicable	cash grant	non-cash assistance	FMV, appraisal, other)		
. =							
			_				
	3) and government	organizations listed ir	the line 1 table				(2012) (Form 990) (2012)
3 Enter total number of other organizations listed in the line 1 table	ions listed in the li	ne 1 table					
1	ice, see the Instr	_					

Page 2

94-2897317

REDWOOD COAST DEVELOPMENTAL SERVICES

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

Part III Grants and Other Assistance to Individuals in the Office Control of the					A Description of non-cash assistance
(a) Type of grant or assistance	(b) Number of	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(I) Described (I)
	Carloidine 1				
	219	7 971,662.	0.		
LIVING OUT OF HOME					
	280	3,457,019.	.0		
DAY PROGRAM					
			0		
SAUTVARS des and and	3083	58,857,860			
OTHER PURCHASED SERVICES					
	_		III Day III Trojii	nn (b), and any other additional	nformation.
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, rat iii, committed to provide the information of the in	ovide the informati	on required in Pan	I, III'e Z, rait iii, cosa		

raπ ≥

2 LINE PART Ĥ, SCHEDULE

EACH CALIFORNIA WHO HAVE Q STATE THE OF. IS PROVIDED TO RESIDENTS ASSISTANCE

Ö THE ENTITY KEEPS CONFIDENTIAL FILES DISABILITIES. DEVELOPMENTAL

Β¥ STATE OF THE THE ORGANIZATION IS AUDITED BY CLIENTS. ITS OF

CALIFORNIA'S DEPARTMENT OF DEVELOPMENTAL SERVICES AND ALSO REVIEWED

ENSURE COMPLIANCE FQ CMS FROM STAFF FEDERAL

THE ESTIMATES ARE MADE USING RECIPIENTS WHO OF. DETERMINE THE NUMBER 잂 THE ENTITY USED ESTIMATES

SERVICES FROM THE ORGANIZATION.

Schedule I (Form 990) (2012)

94-2897317 Page 2 CORPORATION Schedule I (Form 990) Part IV | Supplemental Information AN ANNUAL AVERAGE OF THE NUMBER OF RECIPIENTS WHO RECEIVED SERVICES IN EACH MONTH.

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-2897317

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ► See separate instructions. REDWOOD COAST DEVELOPMENTAL SERVICES

CORPORATION

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

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

Schedule J (Form 990) 2012

Page 2

REDWOOD COAST DEVELOPMENTAL SERVICES

94-2897317

CORPORATION

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

Schedule J (Form 990) 2012 reported as deferred (F) Compensation in prior Form 990 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (E) Total of columns 152,550 (B)(I)-(D) 10,312. 5 (D) Nontaxable benefits (C) Retirement and 0 16,449 other deferred compensation 0. 0 (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation (ii) Bonus & incentive compensation 0 0 125,789 0 (i) Base compensation Do not list any individuals that are not listed on Form 990, Part VII. Ξ Ξ \equiv Ξ Ξ \mathbf{E} ≘ ≘ \mathbf{E} Ξ \mathbf{E} \mathbf{E} \mathbf{E} Ξ \mathbf{E} (A) Name and Title EXECUTIVE DIRECTOR CLAY JONES (1)

Page 3

Schedule J (Form 990) 2012 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any THE COMPENSATION OF THE TOP FINANCIAL EMPLOYEE AND OTHER KEY THE EXECUTIVE DIRECTOR AND CONDUCTS HIS/HER ANNUAL PERFORMANCE REVIEW. THE COMMITTEE ALSO RECOMMENDS COMPENSATION TO THE FULL BOARD FOR APPROVAL. LINE 3: THE BOARD PERSONNEL COMMITTEE ESTABLISHES THE CONTRACT BASED ON THE AGENCY'S STANDARD SALARY SCALE. REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION THE AMOUNT OF EMPLOYEES IS additional information. PART I, FOR

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

REDWOOD COAST DEVELOPMENTAL SERVICES

Employer identification number 9.4 – 2897317

C	ORPORAT	ION				.l-otic		94-	403	1/31	<u> </u>	<u>,</u>	· · · · · · · ·
rt Excess Bene	fit Transac	tions (section 50	1(c)(3)	and se	ction 501(c)(4) organ t IV, line 25a or 25b,	or Fo	rm 990-EZ, Par	rt V, lir	ie 40b)			
Complete if the o	organization ans	swered "Yes" on F Relationship betv	orm 95	egualifi	ed	-						orrect	
(a) Name of disqualified p	person (b)	Helationship bety person and or	nanizat	ion	(c)	Desc	ription of trans	action			Yes	<u>: </u>	10
(4) (44)		person and or	garnzai									+	
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Enter the amount of tax	be a summed by the	organization mar	nagers	or disa	ualified persons dur	ing th	e year under		, , , , , , , , , , , , , , , , , , ,				
]	▶ \$.				
section 4958 Enter the amount of tax	, if any, on line	2, above, reimbur	sed by	the org	ganization				> 4				
	.,,	etarated Par	eone										
art II Loans to an	id/or From	nowared "Ves" on	Form 9	• 990-EZ	, Part V, line 38a or F	orm 9	990, Part IV, lin	e 26; ¢	or if th	ne orga	nizatio	on	
Complete if the	organization a nount on Form 9	990, Part X, line 5,	6, or 2	2						(h) Ap	proved	(i) W	ritte
(a) Name of	(b) Relations with	(c) Purpose of loan	fror	n the	(e) Original principal amount	e) Original (f) Balance di cipal amount		(g) defa		(h) Ap by bo comm	ard or littee?	ttee? ugi com	
interested person	organizatio	n Officari	_	ration?	,			Yes	No	Yes	No	Yes	N
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Part III Grants or	Assistance	Benefiting Int	erest	ed Pe	ersons.								
Complete if the	ne organization	answered "Yes" o	n Form	1 990, F	eart IV, line 27.		(d) Typ	e of		(e) Pui	pose	of
(a) Name of intereste	ed person	(b) Relationsh interested p the organ	erson a	and	assistance	'	assista	ınce			assis	tance	
										 			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

REDWOOD COAST DEVELOPMENTAL SERVICES 94-2897317 Page 2

Schedule L (Form 990 or 990-EZ) 2012 CORPORATION Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (c) Amount of organization's (b) Relationship between interested transaction revenues? (a) Name of interested person transaction person and the organization No Yes X 1,681,270.REDWOOD COA EXECUTIVE DIRECTOR PAMELA JENSEN Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Part V SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: PAMELA JENSEN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: EXECUTIVE DIRECTOR OF UKIAH VALLEY ASSOCIATION FOR HABILITATION AMOUNT OF TRANSACTION \$ 1,681,270. (D) DESCRIPTION OF TRANSACTION: REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION ENGAGED UVAH TO SUPPLY CLIENTS THE MEANS TO DEVELOP MAXIMUM INDEPENDENCE IN ACTIVITIES OF DAILY LIVING THROUGH TRAINING OR TREATMENT. PURSUANT TO THE LANTERMAN ACT, THE BOARD OF DIRECTORS FOR THE REGIONAL CENTER IS REQUIRED TO HAVE A VENDOR REPRESENTATIVE AS A VOTING MEMBER. (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

232211 01-04-13

REDWOOD COAST DEVELOPMENTAL SERVICES

Employer identification number 94-2897317

ne of the organization REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION	94-2897317
DRM 990, PART I, LINE 16B	
JNDRAISING EXPENSES	STATE OF
HE ENTITY RECEIVES FUNDING ON AN ANNUAL BASIS FROM THE	OF
ALIFORNIA. THE REGIONAL CENTER CONTRACTS WITH THE DEPA	RTMENT OF
EVELOPMENT SERVICES TO PROVIDE OR COORDINATE SERVICES	AND SUPPORTS FOR
EVELOPMENT SERVICES TO THE ENTITY DIGABILITYES. THE ENTITY	DOES NOT
NDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THE ENTITY	*C
ISBURSE FUNDS FOR THE SOLICITATION OF PRIVATE DONATION	NS.
- COMPLIA	IIMENITC .
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLIS	пмеить.
OPTIONS, SUPPORTED WORK AND VOCATIONAL PROGRAMS, ADVOC	ACY, TRAINING AND
EDUCATIONAL OPPORTUNITIES, AND OTHER SUPPORT SERVICES	FOR CLIENTS AND
EDUCATIONAL OPPORTUNITIES, AND OTHER BOTTOM	
FAMILIES.	
7,971,662	
LIVING OUT OF OWN HOME	
DAY PROGRAM 3,457,019	
OTHER PURCHASED SERVICES 58,857,886	
<u> </u>	
TOTAL ACCISTANCE TO INDIV. 70,286,547	
TOTAL SPECIFIC ASSISTANCE TO INDIV. 70,286,547	
THE ENTITY SERVED OVER 3083 CLIENTS IN THE FISCAL YEA	R ENDING JUNE 30,
THE ENTITY SERVED OVER 9000	
2013.	
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE CO	MMITTEE REVIEWS THE
FORM 990, FART VI, DECIZED -	A FINAL DRAFT OF THE
FROM 990. AFTER ANY CHANGES ARE MADE ON THE RETURN, A	TORKARDED MO MUP
FORM 990 IS APPROVED BY THE FINANCE COMMITTEE AND THE	Schedule O (Form 990 or 990-EZ) (20
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Constant of the second of the

FORM 990, PART VI, SECTION C, LINE 19: FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990, THE FORM 1023, THE DETERMINATION LETTERS ARE AVAILABLE UPON WRITTEN OR VERBAL REQUEST TO ANYONE WHO INQUIRES TO THE ORGANIZATION. GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE.

and the second s	Page 2
chedule O (Form 990 or 990-EZ) (2012) lame of the organization REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION	Employer identification number 94-2897317
BOARD OF DIRECTORS	
PURSUANT TO THE LANTERMAN ACT OF THE STATE OF CALIFORNIA,	THE CENTER IS
REQUIRED TO INCLUDE PERSONS WITH DISABILITIES (CLIENTS WH	O RECEIVE
SERVICES) OR THEIR PARENTS OR LEGAL GUARDIANS AS MEMEBERS	OF THE BOARD
OF DIRECTORS. THE LANTERMAN ACT ALSO REQUIRES ONE BOARD M	EMBER TO BE A
CLIENT SERVICE PROVIDER. TO COMPLY WITH THIS STATE LAW, T	
BOARD OF DIRECTORS INCLUDES 6 CLIENTS, 7 PARENTS/LEGAL GU	
CLIENTS, AND 1 SERVICE PROVIDER AS OF JUNE 30, 2013.	
FORM 990, PART X, LINE 10	
FIXED ASSETS	
PURSUANT TO THE TERMS OF THE CONTRACT WITH THE DDS, EQUI	PMENT PURCHASES
BECOME THE PROPERTY OF THE DDS AND, ACCORDINGLY, ARE CHA	
EXPENSES WHEN INCURRED. FOR THE YEARS ENDED JUNE 30, 201	
EQUIPMENT PURCHASES TOTALED \$10,694 AND \$0.00, RESPECTIV	
EQUIPMENT PORCHASES TOTALLE VIOLETTE I	