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DLN: 93493132020440

Form 990

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)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A Fo	rthe 2	2008 ca <u>l</u>	endar yeaı	r, or tax year beginning 07-01-2008	and ending 06-30-200)9		
3 Che	eck if ap	pplicable	Please	C Name of organization HARBOR DEVELOPMENTAL DISABILITIES F	FOUNDATION INC		D Employer iden	tification number
- Add	ress ch		use IRS label or				95-3131243	
– Nar	me char	nge	print or type. See	Doing Business As			E Telephone nur	nder
– _{Init}	ial retur	rn	Specific	Number and street (or P O box if mail is	s not delivered to street addre	ess) Room/suite	(310) 540-1	
– Ter	minatio		Instruc- tions.	21231 HAWTHORNE BOULEVARD			G Gross receipts	s \$ 123,802,931
– _{Am}	ended r	return		City or town, state or country, and ZIP +	- 4			
– Apr	olication	pending		TORRANCE, CA 90503				
		` `	E Nam	ne and address of Principal Officer		l 11/2 2 2		
				CIA DEL MONICO		H(a) Is this	s a group return f ces?	or □Yes ▼No
				HAWTHORNE BOULEVARD				
Ta	x-exem	npt status		NCE,CA 90503 (3) ◀(Insert no)			affiliates included	
					327		o," attach a list o Exemption Nun	See instructions)
W	eb site	e: 🟲 WWV	W HARBOF	RRC ORG		H(c) Group	o exemption Num	ibei 🗜
(Type	e of ora	anization 1	Corporati	on trust association other		L Year of For	mation 1977 M S	tate of legal domicile CA
7 F		, ,	,					
Dа	rt I	Summ	2254					
Ра				e organization's mission or most sig	Inificant activities			
		•		CES TO PERSONS WITH DEVELO		IES		
2		TROVID	LSSLKVI	CES TO TENSONS WITH BEVEES	THENTAL DISABILITY			
5								
avremane	2	Check th	nis box 🗀 i	f the organization discontinued its o	operations or disposed	of more than 2!	5% of its assets	
5			,	nembers of the governing body (Part				15
			-	dent voting members of the governi	,			14
AVUITURES &			•	uployees (Part V, line 2a)		b)		309
				lunteers (estimate if necessary) .			5 <u> </u>	14
į				ed business revenue from Part VIII			72	0
•				ness taxable income from Form 990		• •	7a 7b	0
		Tree dille	racca basii	Tess taxable meetine nom romm 550	7 1,11116 5 7 1 1	Prio	r Year	Current Year
	8	Contrib	utions and	grants (Part VIII, line 1h)			15,528,650	123,312,484
ġ.	9			revenue (Part VIII, line 2g)			13,320,030	123,312,404
Ravenue	10			ne (Part VIII, column (A), lines 3, 4			746,067	357,336
Æ	11			art VIII, column (A), lines 5, 6d, 8c			128,704	133,111
	12		-	ld lines 8 through 11 (must equal P		ne	120,701	100,111
		12)					116,403,421	123,802,931
	13			r amounts paid (Part IX, column (A)			95,024,924	103,202,047
	14	Benefits	s paid to o	r for members (Part IX, column (A),	line 4)			0
Ø	15	Salaries 10)	s, other co	mpensation, employee benefits (Pa	rt IX, column (A), lines	5 –	15,018,400	15,810,474
Expenses	16a	•	ional fundi	raising fees (Part IX, column (A), lir	ne 11e)		13,010,400	13,010,474
Φ ⊕	ь				ie IIe)		<u> </u>	
ŭ		•		enses, Part IX, column (D), line 25 <mark>2,430</mark> Part IX, column (A), lines 11a–11d)		6 350 807	4 795 240
	17 18			add lines 13–17 (must equal Part I	•		6,350,807	4,785,349
	19			enses Subtract line 18 from line 12			9,290	123,797,870
br 47	19	Revenu	e less exp	enses Subtract line 18 from line 12	2	Dii-	•	5,061
9 6	3.5	T - * - '	/F	h V .lima 163		Бедіппіі	ng of Year	End of Year
7 TE	20			t X, line 16)			12,615,458	15,710,319
net Assets or Fund Balances	21		-	art X, line 26)			12,480,040	15,569,840
_	22			d balances Subtract line 21 from lir	ne 20		135,418	140,479
Pai	rt II		ture Blo		akuma mahadara -			- h
				Jury, I declare that I have examined this re orrect, and complete Declaration of prepar				
Plea	se	****			,	2010-		· · · · · ·
Sign)	Signat	ture of office	г		Date		
lere	2	Patrici	a Del Monico	EXEC dir				
			or print name					
		Preparer's	. k		Date	Check If	Preparer's PTIN (S	Gee Gen Inst)
Paid		signature		acker		self- empolyed •	1	•
	arer's	Firm's nan	ne (or yours	WINDES & MCCLAUGHRY ACCOUNTANT	CY CORP	Chipolycu F		
Jse (ıf self-em	ployed),	P			EIN 🕨	
		audress, a	and ZIP + 4	PO BOX 87			Phone no F (56	
				LONG BEACH, CA 90801				<u> </u>
av t	he IRS	S discuss	this retur	n with the preparer shown above? (See instructions)			▼Yes 「No

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

1	Briefly describe the organization's mission Harbor Regional center is "making it happen"	by building partnerships,	expanding knowledge, creatir	ng options, and opening doors for	people with developmental
	disabilities and their families				
2	Did the organization undertake any the prior Form 990 or 990-EZ?		ervices during the year v	which were not listed on	Yes V No
3	If "Yes," describe these new service Did the organization cease conducti		t changes in how it cond	uete any program	
3	services?				Yes ✓ No
4	Describe the exempt purpose achieves Section 501(c)(3) and (4) organizate others, the total expenses, and reve	vements for each of the	trusts are required to re	port the amount of grants and	
4a	(Code) (Expenses The entity was organized in accordance will California. In accordance with the act, the and the government. Its mission is to enal entity also strives to lessen developmental supports the entity provides or coordinates community living options, supported work families Residential Care Facilities 29,554, 103,202,047The entity served 9,920 client	th the provisions of the La entity works in partnership ble persons with developm delays in infants and you are diagnosis and assessr and vocational programs, 221Day Program 20,173,0	o with people with developme lental disabilities to live indepe ing children, and minimize the ment, individualized planning a advocacy, training and educa 180ther Purchased Services 5	ental disabilities, their families, local of endent, productive, and satisfying livership in risk of developmental disabilities. A and service coordination, early inter tional opportunities, and other supp	communities, service providers, yes in their community, the among the services and vention and prevention, ort services for consumers and
4b	(Code) (Expenses	\$	ıncludıng grants of \$) (Revenue \$)
4 c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	ın Schedule O) ıncludıng grants o	f\$) (Revenue \$)
4e	Total program service expenses \$	120,774,76			

Part IV	Chec	klist of	f Required	l Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D. Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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.	37		Νo

Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	447			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t		•	_		
_	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	309			
h	If at least one is reported in 2a, did the organization file all required federal employing					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?	-	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	port o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
	If "Yes," did the organization include with every solicitation an express statement th					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	ion of \$75 or	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?			7c		No_
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ıle a F	orm 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	<i>i</i> ==:		ı			

6

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "	Yes" response to li	nes 2-7 below, and fo	or a "No" response to l	ines 8 or 9b below, de	escribe the circumstances,
processes	, or changes in Sch	nedule O. See instruc	tions.		
					1

а	Enter the number of voting members of the governing body	1a	15
b	Enter the number of voting members that are independent	1b	14
	Did any officer director tructor or key ampleyed have a family relationship or a hu		relations him with any

	,		٠.				•		•							•
other officer, directo	or, trustee	e, or key	empl	loyee?		•				•						
Did the organization	n delegate	control	over	manag	emen	t dutie	s cus	tomarıl	y perfo	rmed	by or	r unde	rthe	dire	ct	
															_	

supervision of officers, directors or trustees, or key employees to a management company or other person?	
Did the organization make any significant changes to its organizational documents since the prior Form 990 v	was

	filed?		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		

Does the organization have members or stockholders /
Does the organization have members, stockholders, or other persons who may elect one or more members of the
governing hody?

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ne

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

а	the governing body?		•	•	•			•	•		•		•			•	•	•		•	•	•	•	•	
b	each committee with	autl	horit	ty to	оас	t on	be	half	of t	he g	jove	ernii	ng b	ody	?										

	Does the	e organiza	ation h	iave loc	alcha	apters,	branche	s, or	affiliat	tes?	•	•	•			•	•	•		•	•	
Ь	If "Yes,"	does the	organ	ıızatıon	have	written	policies	and	proce	dures	gov	erni	ing 1	the a	ctivit	ies d	ofsι	ıch (cha	pte	rs,	
									_								_					

	anniates, and branches to ensure their operations are consistent with those of the organization.
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process of any the organization uses to review the Form 990

			,	. ,	•						
11	Is there any officer, director or	trustee,	or key	employe	e listed in Part VII	, Section A , who	cannot	be r	eacl	hed	at
	the organization's mailing addre	ess? If "Y	es," p	rovide th	e names and addres	sses ın Schedule	ο.				

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization Judy Wada 21231 HAWTHORNE BLVD TORRANCE, CA 90503 (310) 540-1711

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Foin ghest con mployee Key employee Office Institution Inclination				Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
		-	+				\vdash			
		-	-				\vdash			
			1							
1b Total							►	795,444	C	131,586

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►5

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes		,
		-	162		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Social Vocational Services 3555 TORRANCE BLVD Torrance, CA 90505	Various Work Programs	6,621,650
Easter SEals 700 N PCH STE 200 Redondo Beach, CA 90277	Day Programs	5,721,941
Cambrian Home Care 5199 E PCH Hwy Ste 100C Long Beach, CA 90804	Personal Care Services	4,739,830
Diversified Transportation 601 Golden Ave Long Beach, CA 90802	Transportation	4,264,656
Ambitions California 511 N Argonee Rd 200 Spokane Valley, WA 99212	Specialized Housing	2,647,938
Total number of independent contractors (including those in 1) who r from the organization	, ,	284

Statement	of Revenu
-----------	-----------

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>\$ 2</u>	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b	-			
₽ž	c	Fundraising events	. 1c	-			
€ 등	d	Related organizations	. 1d	-			
% <u>`</u> ≣	e	Government grants (contributions)	1e 123,281,848	-			
돌	f	All other contributions, gifts, grants,	and 1f 30,636	- 			
ē ₹	g	similar amounts not included above Noncash contributions include	 ed in	-			
들을		lines 1a-1f \$					
္မ	h	Total (Add lines 1a-1f)	•	123,312,484			
nu n			Business Code				
Ĭ	2a			1			
£8. ₹	ь						
93	c						
Š N	d						
ம் ⊆	e						
Program Serwce Revenue	f	All other program service rev	enue				
Δ	g	Total. Add lines 2a-2f	 * \$				
	3	Investment income (including	· ·				
		other similar amounts)		357,336			357,336
	4	Income from investment of tax-exe					
	5	Royalties					
	6a	(1) Real	(II) Personal	-			
	Ь	Less rental		-			
	c	expenses Rental income		-			
		or (loss)	<u> </u>	_			
	d	Net rental income or (loss).					
	7a	(1) Securitie	es (II) O ther	-			
	'-	from sales of assets other					
	١.	than inventory		4			
	b	Less cost or other basis and					
	c	sales expenses Gain or (loss)		-			
	d	Net gain or (loss)		1			
	8a	Gross income from fundraising events (not including					
Other Revenue		\$of contributions reported on li See Part IV, line 18 Attach Schedule G if total excee					
ě		\$15,000					
노	b	Less direct expenses]			
Ť	С	Net income or (loss) from fund	draising events				
0	9a	Gross income from gaming ac See part IV, line 19 Complete Schedule G if total exc \$15,000	ceeds				
	b c	Less direct expenses Net income or (loss) from gan		-			
		Gross sales of inventory, less returns and allowances					
	Ь	Less cost of goods sold . Net income or (loss) from sale		-			
	С	Miscellaneous Revenue	Business Code	+			
	11a		900,09	9 133,111			133,111
	Ь			+			
				+			
				+			
	d	All other revenue					
	e	Total. Add lines 11a-11d .	 \$ 133,111				
	12	Total Revenue. Add lines 1h, 9c, 10c, and 11e	2g, 3, 4, 5, 6d, 7d, 8c,	123,802,931	0	0	490,447

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	103,202,047	103,202,047						
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	, ,							
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	400,582	80,117	320,465					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	12,362,688	10,778,413						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,417,895	1,208,682	209,213					
9	Other employee benefits	1,457,599	1,293,911	163,688					
10	Payroll taxes	171,710	160,237	11,473					
11	Fees for services (non-employees)								
а	Management								
ь	Legal	7,428		7,428					
С	Accounting	51,000		51,000					
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	366,458	313,316	53,142					
12	Advertising and promotion								
13	Office expenses	94,669	80,939	13,730					
14	Information technology								
15	Royalties								
16	Occupancy	2,690,455	2,300,297	390,158					
17	Travel	87,896	83,921	3,975					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	29,989	25,640	4,349					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	115,976	99,158	16,818					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	GENERAL EXPENSES	886,246	758,871	124,945	2,430				
b		344,162	294,251	49,911	, :-				
c	EQUIPMENT PURCHASES	111,070	94,963	16,107					
f	All other expenses			·					
25	Total functional expenses. Add lines 1 through 24f	123,797,870	120,774,763	3,020,677	2,430				
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	. , .	. , .		rm 900 /2008)				

Part X	Balance	Sheet
	Dalalice	SHEEL

				(A)		(B)
	1	Cash—non-interest-bearing		Beginning of year 750	1	End of year 750
	2	Savings and temporary cash investments		11,695,322	-	14,700,095
	3	Pledges and grants receivable, net		111,312		,,
	4	Accounts receivable, net		,5.2	4	
	5	Receivables from current and former officers, directors, trustees, key emp other related parties Complete Part II of Schedule L	loyees or		5	
	6	Receivables from other disqualified persons (as defined under section 495 persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use	_		8	
8	9	Prepaid expenses and deferred charges			9	
et	10a	The part of the control of the contr				
Assets		Land, buildings, and equipment cost basis				
	b	Less accumulated depreciation Complete Part VI of Schedule D			10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D			12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D .			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		808,074		1,009,474
		D		,	15	, , <u>, , , , , , , , , , , , , , , , , </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)		12,615,458	16	15,710,319
	17	Accounts payable and accrued expenses .		11,923,707	17	12,445,058
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u>, o</u>	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		556,333	25	3,124,782
	26	Total liabilities. Add lines 17 through 25		12,480,040	26	15,569,840
		Organizations that follow SFAS 117, check here ▶ √ and complete lines through 29, and lines 33 and 34.	27			
anc	27	Unrestricted net assets		135,418	27	140,479
Balance	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complet lines 30 through 34.	e			
S O.	30	Capital stock or trust principal, or current funds			30	
Şet	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		135,418	33	140,479
Z	34	Total liabilities and net assets/fund balances		12,615,458	34	15,710,319
	I					
Pa	rt XI	Financial Statements and Reporting				

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?			
С	If "Yes" to lines 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	Yes	
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 Act and OMB Circular A-133?	3a	Yes	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493132020440

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

HARBO	r devi	ELOPMENTAL D	ISABILITIES FOUND	ATION INC								
									-313124			
Par				harity Status (to be co					Instruct	ions)		
	ganız —			ation because it is (Please								
1	<u>_</u>	•		iurches, or association of ch			Section 1	L70(b)(1)((A)(i).			
2	<u></u>	A school de	escribed in Sect	: ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ile E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	t ion 170(b	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170((b)(1)(A)	(v).			
7	굣	Anorganiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8		A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	5 S
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo								
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check
		a FT			Type III				'' d	Гтуре	III - Oth	ner
e	Г		•	rtify that the organization is					ne or mor			
	•	•	- '	agers and other than one or			•				•	
_		section 50										
f		If the orgar		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	ation,
g				as the organization accepted	d any gift	or contribi	ition from	any of the	ı			,
3		following pe		. .	, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
				<u> </u>	Γ		Γ		Γ			
	. ,	ame of	(ii) EIN	(iii) Type of organization		s the	(v) Did y		l	s the	(vii) Am	
		orted IIzation		(described on lines 1-9 above or IRC section	organiz col (i)	ation in listed in	_	nization) of your		ation in rganized	supp	ort
	rigan	iizatioii		(See Instructions))		verning	supp	• .		US?		
document?												
					Yes	No	Yes	No	Yes	No		

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu uie box o	n line 5, 7, or	8 OF Part 1.)				
	ublic Support	· · · · · · · · · · · · · · · · · · ·						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	94,454,113	97,230,127	105,361,924	115,528,650	1	23,312,484	535,887,298
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	94,454,113	97,230,127	105,361,924	115,528,650	1.	23,312,484	535,887,298
5	The portion of total contribution by each		, ,					<u> </u>
-	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							535,887,298
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	94,454,113	422,490	105,361,924	115,528,650	12	23,312,484	535,887,298
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	186,665	422,490	963,748	746,067	357,336		2,676,306
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	131,778	177,686	125,158	128,704		133,111	696,437
11	Total Support (Add lines 7 through 10)							539,260,041
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3)	▶ ┌
14	Public Support Percentage for 2008 (line 6		led by line 11 c	olumn (f))		14		99.370 %
15								99.400 %
	33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
17a	box and stop here. The organization qualifitation for the stand of the organization meets the "factor" and if the organization meets the organization meets the "factor" and "factor"	If the organizati cts and circums	on dıd not check tances" test, ch	c a box on line 1: eck this box and	stop here. Exp	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organizati ets and circums	on did not check tances" test, ch	c a box on line 1: eck this box and	3, 16a, 16b, or I stop here. Exp	17a ai Iain in	nd line 15 i Part IV ho	w
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

c

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION INC

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Donor advised funds
(b) Funds and other accounts

Total number at end of year

1 Total number at end of year
2 Aggregate Contributions to (during year)
3 Aggregate Grants from (during year)
4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

┌ Yes ┌ r

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

Pur	rpose(s) of conservation easements held by the organization (chec	k all	that apply)
\sqcap	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area
Γ	Protection of natural habitat	Γ	Preservation of certified historic structure
\sqcap	Preservation of open space		

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement

on the last day of the tax year

Held at the End of the Year

Total number of conservation easements

Total acreage restricted by conservation easements

2a

b Total acreage restricted by conservation easements

d Number of conservation easements included in (c) acquired after 8/17/06

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located **\rightarrow**

Number of conservation easements on a certified historic structure included in (a)

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

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

┌ Yes ┌ No

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

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

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

La If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

- \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

- \$

b Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	_	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Sec	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	i of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			(b) Book value
DUE FROM STATE - ACCRUED VACATION/OTHER LEAV			912,033
DUE FROM CLIENT TRUST FUNDS	VE BENEFITS		97,441
DOL TROPI CEIENT TROST TONDS			57,771
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	15.)		1,009,474
Part X Other Liabilities. See Form 990, Part X	T ·		
(a) Description of Liability	(b) A mount		
Federal Income Taxes	_		
UNEXPENDED CLIENT SUPPORT	755,792		
Contract Advances	2,368,990		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,124,782		

Par	t XI Reconciliation of C	<u>hange in Net Assets from Fori</u>	m 990	to F	inancial Stateme	ents	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	123,802,931
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	123,797,870
3	Excess or (deficit) for the year					3	5,061
4	Net unrealized gains (losses) o					4	
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	205 4 9				9	0
10	• • •					10	5,061
		per financial statements Combine line evenue per Audited Financial			ts With Revenue		
1	Total revenue, gains, and othe	•	State		ts with Revenue	per ke	123,802,931
	statements					1	,
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	· L	2a		1	
b	Donated services and use of fa	ecilities		2b		」 │	
c	Recoveries of prior year grants		.	2c]	
d	Other (Describe in Part XIV)		· • L	2d		」 │	
e	Add lines 2a through 2d .					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	123,802,931
4	A mounts included on Form 99	O, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. L	4a		」 │	
b	Other (Describe in Part XIV)		L	4b		1	
c	Add lines 4a and 4b					4c	0
5		d 4c. (This should equal Form 990, Par				5	123,802,931
		kpenses per Audited Financia		eme	nts With Expense		
1	·	audited financial statements				1	123,797,870
2		t not on Form 990, Part IX, line 25	1	_	1		
а	Donated services and use of fa	ecilities		2a		-	
b	Prior year adjustments		• •	2b		-	
с		Part IX, line 25		2c		-	
d	Other (Describe in Part XIV)		• [2d		4 _ 1	
е -	Add lines 2a through 2d					2e	0
3			• •	•		3	123,797,870
4		O, Part IX, line 25, but not on line 1:	1		1		
а		uded on Form 990, Part VIII, line 7b		4a		-	
Ь			• [4b		4 . 1	_
_ C	Add lines 4a and 4b					4c	0
5		nd 4c. (This should equal Form 990, Pa	rt I, lin	e 18))	5	123,797,870
Con	plete this part to provide the des	criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI				Part XIV ,	lines 1b and 2b,
	Ident if ier	Return Reference	,		Explana	t ion	
					-		

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DLN: 93493132020440

OMB No 1545-0047

2008

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service	Complete	if the organization ans	wered "Yes," on Form 99	00, Part IV, lines 21 or	22. Attach to Form 990.		Open to Public Inspection
Name of the organization HARBOR DEVELOPMENTAL	DISABILITIES FO	UNDATION INC				Employer identif	ication number
						95-3131243	
•		nts and Assistance					
1 Does the organization r					libility for the grants or as		✓ Yes
2 Describe in Part IV the							
Form 990, Par Part IV and Sc	t IV, line 21 for a chedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the or if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se				_			
organizations					₽		

Enter total number of other organizations.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Residential care facilities	9920	29,554,221			
Day program	9920	20,173,018			
other purchased services	9920	53,474,808			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
O ther Information		Assistance is provided to residents of the state of california who have developmental disabilities the entity keeps confidential files on each of its clients the organization is audited by the state of california's department of developmental services and also reviewed by federal staff from cms to ensure compliance

DLN: 93493132020440

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

Compensated Employees ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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

Open to Public Inspection

Name of the organization

HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION INC

Employer identification number

95-3131243

Pa	Questions Regarding Compensation			
		<u> </u>	Yes	Νo
1a	Check the appropiate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide			
	First class or charter travel	ousing allowance or residence for personal use		
	Travel for companions	ayments for business use of personal residence		
	Tax idemnification and gross-up payments	ealth or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Pe	ersonal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy provision of all the expenses described above? If "No," comple		,	
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director,			
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	establish the compensation of the		
		ritten employment contract		
	·	ompensation survey or study		
	Form 990 of other organizations	pproval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, S	ection A, line 1a		
а	Receive a severance payment or change of control payment?	4		Νo
b	Participate in, or receive payment from, a supplemental nonqua	alified retirement plan?	,	Νo
С	Participate in, or receive payment from, an equity-based comp	ensation arrangement?	=	Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete line	es 5-8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	d the organization pay or accrue any		
а	The organization?	5:	·	Νo
b	Any related organization?	5	.	Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, discompensation contingent on the net earnings of	d the organization pay or accrue any		
а	The organization?	6:	<u></u>	Νο
b	Any related organization?	6	, [Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in	•		No
8	Were any amounts reported in Form 990, Part VII, paid or according to the initial contract exception described in Regs second Part III			No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
I MICHAILC	(1) (11)	214,450				34,563	249,013		
	(I) (II)	146,855				25,333	172,188		
	(i)								
	(ii)								
((i)								
((ii)								
((i)								
((ii)								
((i)								
	(ii)								
((i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

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DLN: 93493132020440

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION INC Employer identification number

95-3131243

Part I Excess Benefit Transact To be completed by organization										, Part	: V , lıne	40b
1 (a) Name of disqualifie	d perso	n		(h) Des	crinti	on of transa	ction			10	(c) Corr	ected?
	<u>'</u>			(5) 5 6 5							Yes	No
										_		
										-		
2 Enter the amount of tax imposed on section 4958									\$ —			
3 Enter the amount of tax, If any, on lin				the organization .	•			•	\$			
Part II Loans to and/or From To be completed by organiza				on Form 000 Part	T\/ -	no 26 or Ea	rm 0	00-E	7 Dart	\/ lin	0 3 8 5	
(a) Name of interested person and purpose	(b) L	b) Loan to or from the		Original principal		alance due	(e)	In	(f Appr by boa	oved ard or	(g)W	rıtten ment?
purpose	<u> </u>		4	aniount			V	T 81-	comm			I No
	То	From					Yes	No	Yes	No	Yes	No
otal												
To be completed by organ					90.	Part IV. lın	e 27					
(a) Name of interested person		(b) Relationshi	p bet	ween interested pe organization					nt or ty	pe of	assista	nce
Part IV Business Transactions	Invol	lvina Intere	ster	d Dersons								
To be completed by organ					90, 1	Part IV, lın	e 28	a, 28	b, or i	28c.		
		(b) Relationshi	p			·					(e) Sha	rıng of
(a) Name of interested person	be	etween interest		(c) A mount of	•	(d) Descr	iption	oftra	ansactı	on	organıza reven	
		person and the organization	•	transaction						ŀ	Yes	No
Rhiannon A cree	vend	dor/board meml	ber	4,784,	404	Rhiannon A	creeı	s the	owner	of		No
		,				Cambrian H company th care service	at pro	vides	perso	nal		
						center's coi representat provider is i	ıve of requir	a ser	sıt on t	the		
						board persu State law	ant to	Call	iornia			

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493132020440

2008

Open to Public Inspection

Name of the organization
HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION INC

Employer identification number

95-3131243

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The form 990 is reviewed in detail by the finance committee. After any changes are made on the return, a final draft of the form 990 is then approved by the finance committee and then forwarded to the entire board of directors before it is filed.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The identification of conflicts of interest are addressed on an annual basis through the completion of a survey and questionnaire by board members and staff. The survey is then reviewed by human resources. If there are issues, they are resolved in the best interests of the corporation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Officer and key employee compensation is determined through independent review and approval by the board of directors and its compensation committee on an annual basis based on compensation studies, consulting with an independent compensation specialist, comparables, and performance reports this process is currently in effect

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The form 990 and other governing documents are available upon written or verbal request to anyone who inquires to the organization. The documents are also available at the office of the organization

Identifier Return Reference		Explanation
Form 990, Part X, Line 10	Fixed Assets	Pursuant to the terms of the contract with the DDS, equipment purchases become the property of DDS and, accordingly, are charged as expenses when incurred. For the years ended June 30, 2009 and 2008, equipment purchases totaled \$111,000 and \$683,000, respectively.

ldentifier	entifier Return Explanation							
Form 990, Part VII	Board of Directors	Pursuant to the Lanterman Act of the State of California, the center is required to appoint persons with disabilities (clients who receive services) or their parents or legal guardians to the board of directors. The Lanterman Act also requires one board member to be a client service provider. To comply with this state law, the center's board of directors includes 4 clients, 8 parents, and 1 service provider as of June 30, 2009.						

Identifier	Return Reference	Explanation
Form 990, Part VII	Board of Directors	There are two top financial officers listed Judy Wada, the current top financial officer took the place of Wendy Sorel in September 2008. Since both officers worked as the top financial officer in the year ended June 30, 2009, we have included both on Part VII

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B	Policies	The following policies are in effect for the year end June 30, 2010 Whistleblower Policy Document Retention and Destruction Policy

ldentifier	Return Reference	Explanation
Form 990, Part I, Line 16B	Fundraising Expenses	The entity receives funding on an annual basis from the state of California. The regional center contracts with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. There is a small amount of money spent by the organization for fundraising from private donors only. In 2009, the entity received \$30,636 from private donors.

Identifier	Return Reference	Explanation
Form 990, Part VII	Highly Compensated Employee	CLAUDIA DE MARCO IS LISTED AS A HIGHLY COMPENSATED EMPLOYEE BECAUSE THE AMOUNT OF TOTAL REPORTABLE COMPENSATION SHE RECEIEVED FOR 2008 IS OVER \$100,000 FOR HER WORK IN TWO DIFFERENT POSITIONS SHE WAS EMPLOYED BY HRC ON 5/30/08 AS THE ASSOCIATE DIRECTOR PRIOR TO THAT, SHE CONSULTED WITH THE REGIONAL CENTER AS AN INDEPENDENT CONTRACTOR WORKING ON SPECIAL PROJECTS

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493132020440

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION INC	Employer ident	ification number							
				95-3131243					
Part I Identification of Disregarded Entities	Identification of Disregarded Entities								
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity				
Part II Identification of Related Tax-Exempt Organizat	ions								
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) Public charity stat (if section 501(c)(tus Direct controlling entity				
Del Harbor Foundation 21231 Hawthorne Blvd Torrance, CA90503 27-0425733	To assist Harbor Regional Center	CA	501(c)(3)	509(a)(1)	N/A				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 Y		Schedule R (Form 990) 2008				

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

126	τν	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No	
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?			
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		1a	No	
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No	
c	Gift, grant, or capital contribution from other organization(s)						
d	Loans or loan guarantees to or for other organization(s)						
e	Loans	or loan guarantees by other organization(s)			1e	No	
f	Sale o	fassets to other organization(s)		<u></u>	1f	No	
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No	
h	Excha	inge of assets		<u>.</u>	1h	No	
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No	
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No	
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[11	No	
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No	
n	Sharır	ng of paid employees		<u>[</u>	1n	No	
o	Reımb	oursement paid to other organization for expenses		<u></u>	10	No	
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No	
q	Other	transfer of cash or property to other organization(s)		-	1q	No	
r	Other	transfer of cash or property from other organization(s)		[1r	No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds			
		(A)	(B) Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
(2)							
(3)							
(4)							
(+)							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization:	s?	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: Software Version:

EIN: 95-3131243

Name: HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION

INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(B) Average hours per week	(C) Position (check all that apply)							(-)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Mariano sanz , President	2 00	Χ		Х				0	0	0
John Rea , Vice-PRESIDENT	2 00	X		Х				0	0	0
KEnneth g moses phd , Secretary	2 00	X		Х				0	0	0
ROBERT F BETHEL JR , Treasurer	2 00	Х		Х				0	0	0
B Rendon-Christensen , Board Member	2 00	X						0	0	0
Fu-TIEN CHIOU , BOARD MEMBER	2 00	Х						0	0	0
Gary GALOSIC , BOARD MEMBER	2 00	X						0	0	0
Yısel Serrano , boarD MEMBER	2 00	Х						0	0	0
Rhiannon A cree , BO A RD MEMBER	2 00	X						0	0	0
George Bird , boarD MEMBER	2 00	X						0	0	0
Karen Kınnebrew , BOARD MEMBER	2 00	X						0	0	0
Bertha Murray , BOARD MEMBER	2 00	X						0	0	0
James Davıs , Board Member	2 00	X						0	0	0
Harley Rubenstien , Board Member	2 00	X						0	0	0
Lısa Ogren , Board Member	2 00	X						0	0	0
PaTRICIA DEL MONICO , EXECUTIVE DIRECTOR	40 00			х				214,450	0	34,563
Judy Wada , CFO - beginning 9/16/08	40 00			Х				31,427	0	5,343
Wendy Sorel , CFO - Ending 11/14/08	40 00			Х				89,001	0	16,020
SRI MOEDJONO , PHYSICIAN	40 00					Х		146,855	0	25,333
JAHN ROKICKI , DIRECTOR	40 00					Х		106,447	0	18,362
COLLEEN MOCK , Director	40 00					Х		103,439	0	17,843
Claudia DeMarco , Associate Director	40 00					Х		103,825	0	14,122