



South Central Los Angeles
Regional Center

SCLARC
Board of Director's
Remote / Direct
Meeting Notice

Tuesday, March 25, 2025
7pm – 9pm

Register in Advance for this meeting:

https://us06web.zoom.us/webinar/register/WN_vIED_FURjOQuN826vV9Lw

After registering, you will receive a confirmation email containing information about joining the meeting.

South Central Los Angeles Regional Center
2500 S. Western Avenue
LA, CA 90018
Golden State Mutual Auditorium
Spanish Translator and Equipment Available

Thank you!

English Session	Sesión en Español (Spanish Session)
<p>Hi there,</p> <p>We recommend you use a Laptop or Desktop PC, or a Mobile Device with the Zoom app installed in order to join our Zoom meeting. In order to minimize outside interruptions SCLARC is now requiring all participants to register to join the board of directors' meetings.</p> <p>When: March 25, 2025, 07:00 PM Pacific Time (US and Canada)</p> <p>Register in advance for this meeting: https://us06web.zoom.us/webinar/register/WN_vIED_FUrRjOQuN826vV9Lw</p> <p>After registering, you will receive a confirmation email containing information about joining the meeting.</p> <p>*You may also call in to only hear the meeting, but you won't be able to interact or ask questions via phone.</p> <p>If you can only join via phone call and have questions, please email them to Ingrido@sclarc.org. Please include your name, callback number (if you wish to be contacted), and question.</p>	<p>Hola,</p> <p>Para unirse a la junta de Zoom se recomienda usar una computadora, o dispositivo móvil con la aplicación Zoom.</p> <p>Para evitar interrupciones SCLARC requiere que se registre simplemente haciendo clic en el enlace de abajo.</p> <p>Cuando: March 25, 2025, a las 7:00 PM Pacific Time (US and Canada).</p> <p>Regístrese por adelantado usando este enlace en su PC o dispositivo móvil https://us06web.zoom.us/webinar/register/WN_vIED_FUrRjOQuN826vV9Lw</p> <p>Después de registrarse recibirá un correo electrónico con la información para unirse a la junta</p> <p>*También puede escuchar la junta solo por teléfono, pero no podrá interactuar o hacer preguntas por teléfono.</p> <p>Si desea usar el teléfono, favor de mandar sus preguntas o comentarios por email a, Ingrido@sclarc.org. Por favor incluya su nombre, número de teléfono (si desea que se le contacte), y pregunta.</p>



Board of Directors Meeting South Central Los Angeles Regional Center

Tuesday, March 25, 2025
7:00pm – 9:00pm
Zoom / Direct Meeting

Please use the Zoom Meeting Link below to register and join the meeting.

You are invited to a Zoom meeting.

When: Tuesday, March 25, 2025, 07:00 PM Pacific Time (US and Canada)

Register in advance for this meeting:

After registering, you will receive a confirmation email containing information about joining the meeting.

Traducción en español disponible

(Por favor vea las instrucciones adjuntas abajo en la página 2)

https://us06web.zoom.us/webinar/register/WN_vIED_FUrRjOQuN826vV9Lw

AGENDA

I. General

Cynthia Torres

A. Call to Order and Roll Call

B. ****Approval of BOD Meeting Minutes of January 28th, 2025 – Attachment***

II. Board Member Reports (agenda/minutes/mtg. summary)

A. Supportive Services Committee – ***Attachment***

Raul Munoz

B. Vendor Advisory Committee – ***Attachment***

Illona Hendrick

C. Advocate Advisory Committee – ***Attachment***

Caycee Ricketts

D. Self-Determination Advisory Committee – ***Attachment***

Magali Ochoa

E. Finance Committee – ***Attachment***

Teyanna Williams

III. Staff Reports

A. AGT CPAs & Advisors Auditors Reports - Ellyn Bruce & Kristel Maikranz – (Kyla Lee)

- ****Approval of SCLARC's Draft Financial Statements ending June 30, 2024 – Attachment***
- ****Approval of SCLARC's Form 990 – June 30, 2024 – Attachment***

***Action Item**

B. Budget Update & Finance Report (January 2025) – (Kyla Lee)

- Statement Of Financial Position – **Attachment**
- Statement Of Activities – **Attachment**
- POS Expenditure Projection Summary – **Attachment**
- ***Approval of SCLARC's A-2 Allocation for FY24_25 – Attachment**

C. Person Centered Thinking Skill – Pamela Lee – (Cesar Garcia) – Attachment

D. Ambassador Program and Grassroots Update – (Kiara Lopez) – Attachment

IV. Public Comment

V. New Business

VI. Executive Director Report – (Dexter Henderson)

VII. Executive Session – As Needed

VIII. Meeting Adjournment

IX. For your future reference / information

- NCI on May 27th, 2025
- Immigration Public Training Rescheduling in April – Date TBD
- Job Fair April 11th, 2025 – 9am to 1pm

*** Action Item**



South Central Los Angeles
Regional Center
for persons with developmental disabilities, inc.

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER
Remote Zoom Meeting
MINUTES OF THE BOARD OF DIRECTORS' MEETING
January 29th, 2025
7:00pm – 9:00pm

Member Present:

Cynthia Torres	Caycee Ricketts
Sherry Kidd	Luz Curiel
Teyanna Williams	Renard Standord
Raul Munoz	Cedron McKnight
Illona Hendrick	Christella Frutos
Magali Ochoa	Hynunju Lee
Mireya Romero	Norma Hernandez

Members Absent:

Shavon Spiller	Stephanie Reyes
Ana DaSilva	

Staff Present:

Dexter Henderson	Tamilyn Bonney
Kyla Lee	Kiara Lopez
Cherylle Mallinson	Armando Sanchez
Jesse Rocha	Ingrid Olivia
Cesar Garcia	Iris De La Tova
Jenice Turner	

I. General

- Board President, Cynthia Torres opened the January 29th, 2024, Board of Directors Meeting via Zoom with roll call.

A. Call to Order and Roll Call

- The meeting was called to order at 7:03pm by The President Cynthia Torres.

B. Public Input – None

C. Approval of BOD Minutes for November 19th, 2024

Board Action:

Approved BOD minutes – November 19th, 2024

M/S/C: Magali Ochoa /Renard Standford /Unanimous

II. Board Member Reports

A. Supportive Services Committee – Raul Munoz

At the December 9th meeting, we heard from Ms. Jenice Turner and Ms. Sharon Dixon about changes to the Individual Program Plan (IPP) template, effective January 1, 2025. The new template is designed to be more user-friendly and person-centered, focusing on participants' strengths rather than deficits. Service Coordinators will be trained on the new template and will send documents to families 30 days before IPP meetings. IPPs will be signed electronically and submitted to the Department of Developmental Services (DDS). This change aligns with the Home and Community-Based Services (HCBS) Final Rule.

The next meeting will be via Zoom on February 10th from 6:00 to 7:30 PM.

B. Vendor Advisory Committee – Illona Hendrick

The Vendor Advisory Board met on January 15th, where South Central leadership discussed ongoing issues, including insurance, new service codes, and rate reform. Vendors expressed concern over the attestation process, with a deadline of March 31, 2025, especially regarding staffing levels and service code changes. Residential providers are seeking clarity on the process and exceptions.

The goal is to work collaboratively to ensure documents are submitted on time and meet rate reform requirements. The next meeting is scheduled for February 12th.

C. Advocate Advisory Committee – Renard Stanford

The AAC meeting in December reviewed topics from 2024, including HCBS Final Rule, grief, respect, and education. Members were pleased with their in-person meeting with USC students and the Best Buddies program, looking forward to the next event on January 30, 2025. The need for new AAC officers was also discussed, with elections set for June. Members shared their New Year's resolutions, and the group appreciated a Zoom call for support after recent fires. It was also announced that the Supported Life Conference will be held on May 9-10, 2025.

D. Self Determination Advisory Committee – Magali Ochoa

As of January 1, 2025, SCLARC serves 142 individuals in the Self-Determination Program. The January 8 meeting focused on proposals from three organizations offering training to individuals and families: Autism Society, Los Angeles; A Better Tomorrow; and Mana Unlimited LLC. These proposals aimed to educate participants on navigating the self-determination program, with a focus on fiscal management and providing tools for Spanish-speaking families. A fourth proposal from Meraki Solution LLC will be presented at a special meeting on January 29, 2025. SCLARC also offers self-determination orientation through its learning management system, and the State Council on Developmental Disabilities provides monthly orientations.

E. Finance Committee – Teyanna Williams

The Finance Committee met on January 20, 2025, where CFO Kyla Lee provided updates on the financial statements and D4 allocation for FY 2023, which will be presented for Board approval. She also shared that the new office at 221 Western Avenue is on track to open by April-May 2025. Kyla informed the committee that the audit report is in draft with two minor issues to resolve, and the final audit and Form 990 will be submitted to DDS by March 31, 2025. DDS auditors will visit in April 2025 to audit FY 2023 and 2024. The committee also discussed vendor rate updates, with 100% of benchmark rates for enrolled vendors, and job fairs are scheduled for March 2025. The next meeting is set for March 19, 2025.

III. Staff Reports

A. Budget Update & Finance Report (2024) – Kyla Lee

Statement of Financial Position:

As of November 2024, SCLARC's cash balance was approximately \$98 million, compared to \$57 million at the same time last year, reflecting an increase of \$40 million. Accounts payable stood at \$40 million, compared to \$36 million last year. Monthly spending is approximately \$50 million, and SCLARC has ample cash flow to meet vendor and staff payments while maintaining a healthy balance sheet.

Statement of Activities:

SCLARC has received \$78 million in its operational allocation, spending \$28 million (35% of the budget) so far. For POS (Purchase of Services), SCLARC has received \$724 million and spent \$252 million (34.8%). The anticipated total expenditure for the fiscal year is \$689 million. With the implementation of rate reform, vendors will receive an additional 50% of their benchmark rate starting in January, potentially resulting in increased expenses. A positive variance of \$34 million is expected to return to the allocation as January invoices are processed.

POS Expenditure Projection Summary

The projection for the fiscal year indicates that after processing January invoices, there will be noticeable movement in POS, with vendors receiving increased payments due to rate reform. SCLARC is tracking expenses closely to ensure sufficient funding throughout the year.

Approval of E-1 Allocation

SCLARC received \$358,000 in the D-4 allocation, including \$100,000 for competitive integrated employment placements and \$362,000 for SDP-related data input. There was also a \$45,000 allocation for home monitoring, but \$148,000 was deducted for tuition reimbursement due to a statewide defunding.

Board Action:

Approval of A-1 Amendment

M/S/C: Renard Stanford /Caycee Rickets /Unanimous

IV. Staff

A. New IPP Template and Procedures Update - Jenice Turner and Sharon Dixon

The new Individual Program Plan (IPP) template, implemented in January 2025, ensures consistency across regional centers and aligns with Senate Bill 138. Information sessions for families will be held in February in English and Spanish, with Person-Centered Thinking training for families planned for the spring. The updated IPP offers more flexibility for individual preferences and introduces new terminology and formats, along with resources like "Your Plan" for adults and "Your Youth Plan" for ages 14-22.

The IPP prioritizes person-centered planning, focusing on individual preferences and collaboration. Service Coordinators will help families gather information, and families will receive tools to prepare for the meeting. New tools like one-page descriptions and "Important To/Important For" prompts will guide the process. Feedback from a pilot group of service coordinators will help refine the process. Life Areas now replace previous domains, and youth plans include a transition checklist for those moving from school to employment or other services.

B. Performance Contract – Cherylle Mallinson/Raul Munoz

Approval Performance Contract Prior Year End Report by Board – No approval needed.

Mr. Munoz presented the performance contract report for SCLARC, detailing the organization's progress and compliance with the Lanterman Service Act and DDS requirements. As of June 2024, SCLARC is serving 22,350 individuals, with a focus on improving placements for both children and adults. The report highlighted that 99.84% of children and 84.24% of adults are living in home settings, while there has been a reduction in the number of adults in developmental centers. However, SCLARC faces challenges in securing residential facilities and addressing staffing shortages. Employment outcomes have been a focus, with the Paid Internship Program (PIP) showing a low success rate of 1% for securing competitive integrated employment, below the state average of 10%. Despite these challenges, SCLARC has made strides in improving service delivery, including developmental screenings, early outreach for children, and a technology lending program. The organization continues to maintain DDS compliance standards, and has formed several key partnerships, including with LA County, UCLA, Baby 2 Baby and DoorDash. The Board approved the performance report and reiterated its commitment to meeting DDS standards while collaborating with families and the community to enhance service delivery.

V. Public Comment

The Board discussed plans to open upcoming meetings to the public, following a public comment that emphasized the importance of greater community engagement. Starting with the next Board of Directors meeting in March, public notice of the meeting's date and time will be posted, and virtual attendance options will be made available for those unable to attend in person.

VI. New Business

VII. Executive Director Report

VIII. Executive Session

The Board approved the minutes from the most recent closed executive session and discussed the real estate matter concerning the search for a new location.

Board Action:

Approved Executive Session Minutes – November 19th, 2024

M/S/C: Cynthia Torres /Raul Munoz /Unanimous

IX. Meeting Adjournment

- The meeting was adjourned at 9:19pm by The President Cynthia Torres

X. Supplemental Information

***Action Item**



Supportive Services Committee
REMOTE MEETING
February 10, 2025, 6:00 p.m. - 7:30 p.m.

Agenda

1. Introductions

Renard, SSC Co-Chair

2. New IPP Information Sessions

Jenice Turner, Director of Children Services

3. LA County Fire Updates, SCLARC Job Fairs and Immigration Resources

Kiara Lopez, Chief Advancement Officer

For any questions please contact Kiara Lopez, (213) 744-8420.

Instructions to attend meeting:

Register in advance for this meeting:

<https://us06web.zoom.us/meeting/register/UYFOFpnTBaQJinUtNPPXw>

After registering, you will receive a confirmation email containing information about joining the meeting.



Supportive Services Committee
REMOTE MEETING MINUTES
February 10, 2025, 6:00 p.m. - 7:30 p.m.

1. Renard Stanford, SSC Co-Chair call committee to order at 6:06 pm

- **SSC Members Present:** Raul Munoz - SSC Co-Chair, Renard Stanford – SSC Co-Chair, Caycee Ricketts, Illona Hendrick, and Cynthia Torres
- **SSC Member absent:** Magali Ochoa – SSC Secretary
- **SCLARC Staff:** Jose Beltran - Community Relation Specialist, Kiara Lopez – Chief Advancement Officer, Cesar Garcia - Director of Clinical Services, and Jesse Rocha – Director of Adult Services
- Spanish Interpretation was available to the Spanish speaking community.

2. New IPP Information Sessions

Jesse Rocha, Director of Adult Services

- Jesse discussed the implementation of a new Individualized Plan Process (IPP), which includes training staff and families on its use. The process involves sending a 40-page guide to families 30 - 60 days before their IPP, along with a letter explaining the guide and directing them to specific pages. Jesse also mentioned the automation of the IPP process using a smart chart program.
- Kiara then shared the upcoming dates for IPP information sessions in February for participants and families to attend so that they can become more familiar with the new IPP format. Sessions will be held in English and Spanish. Future dates can be found on SCLARC's website and on their social media accounts.

3. LA County Fire Updates, SCLARC Job Fairs and Immigration Resources

Kiara Lopez, Chief Advancement Officer

- a) **Fire Updates** - Kiara shared that they activated an emergency pop-up banner on their website during the LA fires, which included a list of resources for families impacted by the fires. These resources included information on shelters, Red Cross, Airbnb, school closures, tenant rights, and more. Kiara also mentioned that they continue to update the information as new updates come their way.

- b) **SCLARC Job Fairs** - Kiara provided updates on the upcoming job fairs to recruit more staff for various positions. The next job fair will be held on March 15th at the LA office location, and another one on May 17th. The job fairs will include interviews, bilingual tests, and typing tests. Kiara also mentioned that they have flyers and information on their website. SCLARC leadership team is looking to hire around 15 to 30 service coordinators to reduce caseloads and meet state mandates.
- c) **Immigration** - Kiara shared updates on SCLARC's efforts to support the community, including the availability of translated resources in Spanish, an immigration resource page on the website, and a flyer with a QR code linking to the resource page. She also mentioned the distribution of red cards to staff and the community, and upcoming training sessions with La County Office of Immigrant Affairs. Jesse highlighted the potential impact of immigration fears on attendance at various programs facilitated by SCLARC vendors, and Illona suggested sharing these resources with vendors to support their families. SCLARC will also plan on hosting immigration rights training sessions for staff (tentatively on February 24th) and the community (tentatively on March 10th).

4. Supporting Participants and Families

Raul Munoz and Renard Stanford, SSC Co-chairs

- SSC Committee chairs discussed their ongoing efforts to support families and participants during challenging times, including recent fires and changes at the federal level. They expressed gratitude for the SCLARC leadership team's efforts to keep everyone informed and guided through these uncertain times. The meeting ended with a prayer led by Renard. Next SSC meeting will be held on Monday April 14th, 2025 from 6 – 7:30 pm via Zoom.

Meeting adjourned at 6:48 pm



SCLARC VENDOR ADVISORY COMMITTEE

MEETING AGENDA

ZOOM

March 12, 2025

10:00am—12:00pm

10:00 am: **Welcome by Illona Hendrick, VAC Chair**

10:05 am: **Grassroots Day**

10:10 am: **SCLARC Vendor Portal Presentation**

10:50 am: **SCLARC Management Updates**

SCLARC Management will provide updates for vendors and present on:
Directives, updates on rate reform, other management topics, Opportunity for Q&A

11:40 am: **VAC Business**
--Subcommittees
--Vendor Fair

12:00 pm: **Adjournment**

Join Zoom Meeting

<https://us06web.zoom.us/j/83790328586>

Meeting ID: 837 9032 8586

SCLARC ADVOCATES ADVISORY COMMITTEE AGENDA

DATE March 24, 2025

TIME: 10AM-12PM

**WHERE: We Are Family office
500 East Carson Plaza Drive
Carson CA 90746**

AGENDA

1. 10:00-10:45 am

Budgeting Your Money

Charles Sailor- Merrill Lynch

2. 10:45 -11:30am

- A. Introductions
- B. Approval of Agenda
- C. Approval of February meeting minutes
- D. AAC Ground rules/ Bylaws
- E. ARCA/SSAN report

Call to Order

Renard Stanford AAC Treasurer
Renard Stanford AAC Treasurer
Renard Stanford AAC Treasurer
Renard Stanford AAC Treasurer
Desiree Boykin

3. 11:35 – 11:50am

Public Comment \Announcements
Everyone

4. 12:00 pm

End of the meeting
Renard Stanford



The SCLARC Self-Determination Local Advisory Committee

March 12, 2025

6:00pm - 8:00pm

Via Zoom, Register at

<https://bit.ly/SDPLACMar12>

Welcome & Introductions / Zoom Interpretation Instructions (6:00 PM – 6:05 PM)

Approval of January 29, 2025, Meeting Minutes (Voting Item) (6:05 PM – 6:10 PM)

SCLARC Updates & New DDS Directives (6:10 PM – 6:35 PM)

Public Comment (6:35 PM – 6:40 PM)

- 2 minutes per person / 3 minutes for Spanish interpretation

RFP Update & Contract Start (6:40 PM – 6:55 PM)

FMS Presentation (6:55 PM – 7:40 PM)

Announcements (7:40 PM – 7:55 PM)

Next Meeting Agenda Items – May 14, 2025 (7:55 PM – 8:00 PM)

Adjournment (8:00 PM)

Spanish translation will be available; instructions for how to access Spanish translation can be found at

https://support.zoom.us/hc/en-us/articles/360034919791-Language-Interpretation-in-meetings-andwebinars#h_6802bbbc-2ec947cv-a04c-6aac35914d82 (you can select "Spanish language" at the bottom of the website). To change the language of your Zoom application, see <https://support.zoom.us/hc/es/articles/209982306-Cambiar-suidioma-en-Zoom> (the article is in Spanish).

In order to ensure the best possible experience, especially if you will be using translation, SCLARC recommends that, if possible, you access the meeting through a computer; SCLARC has observed that, in particular, Android phones have less success with the translation feature. Regardless of that, please ensure before the meeting that you have the latest version of Zoom. You can ensure this, on a computer, by visiting <https://zoom.us/download> (you can select "Spanish language" at the bottom of the screen if applicable). On a tablet or cell phone, visit the App Store and, if necessary, download or update your app. Please note: In order to respect everyone's time, and due to the wide variety of technology used by participants and families, it will not be possible for SCLARC to offer significant technical/technological assistance during the meeting.



El Comité Asesor Local de Autodeterminación del SCLARC

12 de Marzo de 2025

6:00 pm - 8:00 pm

Vía Zoom, Regístrate en

<https://bit.ly/SDPLACMar12>

Bienvenida y presentaciones / Instrucciones de interpretación por Zoom (6:00 p. m.- 6:05 p. m.)

Aprobación de las actas de la reunión del 29 de enero de 2025 (tema de votación) (6:05 p. m. - 6:10 p. m.)

Actualizaciones de SCLARC y nuevas directivas de DDS (6:10 p. m. - 6:35 p. m.)

Comentarios del público (6:35 p. m. - 6:40 p. m.)

• 2 minutos por persona / 3 minutos para interpretación en español

Actualización de RFP e inicio del contrato (6:40 p. m. - 6:55 p. m.)

Presentación de FMS (6:55 p. m. - 7:40 p. m.)

Anuncios (7:40 p. m. - 7:55 p. m.)

Puntos de la agenda de la próxima reunión: 14 de mayo de 2025 (7:55 p. m.- 8:00 p. m.)

Cierre de la sesión (8:00 p. m.)

La traducción al español estará disponible; Las instrucciones sobre cómo acceder a la traducción al español se pueden encontrar en https://support.zoom.us/hc/en-us/articles/360034919791-Language-Interpretation-in-meetings-andwebinars#h_6802bbbc-2ec9-47cv-a04c-6aac35914d82 (puedes seleccionar "Idioma español" en la parte inferior de la web). Para cambiar el idioma de su aplicación Zoom, consulte <https://support.zoom.us/hc/es/articles/209982306-Cambiar-suidioma-en-Zoom> (el artículo está en español).

Para garantizar la mejor experiencia posible, especialmente si utilizará traducción, SCLARC recomienda que, si es posible, acceda a la reunión a través de una computadora; SCLARC ha observado que, en particular, los teléfonos Android tienen menos éxito con la función de traducción. Independientemente de eso, antes de la reunión, asegúrese de tener la última versión de Zoom. Puede asegurarse de esto, en una computadora, visitando <https://zoom.us/download> (puede seleccionar "Idioma español" en la parte inferior de la pantalla, si corresponde). En una tableta o teléfono celular, visite la App Store y, si es necesario, descargue o actualice su aplicación. Tenga en cuenta: Para respetar el tiempo de todos, y debido a la gran variedad de tecnología utilizada por los participantes y las familias, SCLARC no podrá ofrecer asistencia técnica/tecnológica significativa durante la reunión. todos, y debido a la amplia variedad de tecnología utilizada por los participantes y las familias, no será posible que SCLARC ofrezca una asistencia técnica / tecnológica significativa durante la reunión.



SCLARC FINANCE COMMITTEE MEETING

Zoom
Meeting ID: 991 5461 7940

Wednesday, March 12, 2025
6:00p.m. - 7:00p.m.

Agenda General Session

- | | |
|---|------------------|
| I. Call to Order and Roll Call | Teyanna Williams |
| II. Approval of Minutes from January 22, 2025 <i>(attachment)</i> | Teyanna Williams |
| III. Financial Statements | Kyla Lee |
| a. January 31, 2025 <i>(attachment)</i> | |
| IV. AGT CPAs and Advisors – Audit Update | AGT Auditors |
| a. Audited DRAFT Financials – June 30, 2024 & 2023 <i>(attachment)</i> | |
| b. 990 form DRAFT <i>(attachment)</i> | |
| V. General Updates | Kyla Lee |
| a. New office space – 2221 Western Ave., Los Angeles | |
| b. Rates | |
| c. FYI – POS Disparity -March 27 th , 6pm-8pm @ Embassy Suites, Downey <i>(attachment)</i> | |
| d. Public Records Act (PRA) | |
| VI. Other Items | Kyla Lee |
| VII. Next Meeting Date – May 21 st , 2025 | |

**SOUTH CENTRAL LOS ANGELES REGIONAL CENTER
FOR DEVELOPMENTALLY DISABLED PERSONS, INC.**

Los Angeles, California

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION
WITH INDEPENDENT AUDITOR'S REPORTS

June 30, 2024 and 2023

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
South Central Los Angeles Regional Center for
Developmentally Disabled Persons, Inc.
Los Angeles, California

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of South Central Los Angeles Regional Center for Developmentally Disabled Persons, Inc. (SCLARC), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of SCLARC as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SCLARC and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

INDEPENDENT AUDITOR'S REPORT

(Continued)

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about SCLARC's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and Government Auditing Standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and Government Auditing Standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SCLARC's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about SCLARC's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

INDEPENDENT AUDITOR'S REPORT

(Continued)

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards as required by Title 2 U.S. Code of Federal Regulations, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* is presented for purposes of additional analysis, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated **DATE**, on our consideration of SCLARC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering SCLARC's internal control over financial reporting and compliance.

AGT CPAs & Advisors

Redding, California

DATE

DRAFT

FINANCIAL SECTION

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
STATEMENTS OF FINANCIAL POSITION

June 30	2024	2023
ASSETS		
Cash and cash equivalents	\$ 33,541,042	\$ 50,846,562
Cash - client trust funds (Note 3)	2,953,772	4,016,099
Receivable - State Regional Center contracts	180,646,484	167,402,979
Receivable - Intermediate Care Facility providers	1,620,369	1,211,604
Prepaid expenses	289,150	125,958
Other receivables	1,696,133	1,251,305
Due from state - accrued vacation and other leave benefits	2,467,517	2,313,591
Due from state - unfunded defined benefit plan liability	26,844,700	35,727,932
Due from state - leases	5,740,136	2,956,901
Operating lease right-of-use asset	143,269,263	151,194,473
TOTAL ASSETS	\$ 399,068,566	\$ 417,047,404
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable	\$ 63,951,337	\$ 57,548,454
Advance - State Regional Center contracts	149,145,805	161,830,056
Accrued and other liabilities	4,503,233	1,309,867
Accrued vacation and other leave benefits	2,467,517	2,313,591
Client trust fund liability	2,953,772	4,016,099
Unfunded defined benefit plan liability (Note 7)	26,844,700	35,727,932
Operating lease liability - current portion (Note 6)	1,883,908	1,541,435
Operating lease liability - long term portion (Note 6)	147,125,491	152,609,939
Total Liabilities	398,875,763	416,897,373
Net Assets		
Without donor restriction	192,803	150,031
Total Net Assets	192,803	150,031
TOTAL LIABILITIES AND NET ASSETS	\$ 399,068,566	\$ 417,047,404

The accompanying notes are an integral part of these financial statements.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
STATEMENTS OF ACTIVITIES

Years Ended June 30	2024	2023
SUPPORT AND REVENUE		
State Regional Center contracts	\$ 631,660,610	\$ 528,085,332
Intermediate Care Facility supplemental services income	1,257,098	969,908
Intermediate Care Facility administrative fees	18,356	14,529
Interest income	638,839	124,205
Other income: future lease expense claims	2,783,925	2,956,901
Contributions and other income	622,933	378,644
Total Support and Revenue	636,981,761	532,529,519
EXPENSES		
Program Services		
Personnel expenses	41,680,911	32,074,041
Purchase of services	568,308,663	477,668,772
Operating	963,148	345,940
Total Program Services	610,952,722	510,088,753
General and Administrative		
Personnel expenses	7,468,005	6,809,082
Operating	18,601,220	15,974,415
Total General and Administrative	26,069,225	22,783,497
TOTAL EXPENSES	637,021,947	532,872,250
Changes in Net Assets Before Periodic Pension Related Changes	(40,186)	(342,731)
Net State Regional Center contract income (expense) relating to net periodic costs and other pension related changes	(8,883,232)	(11,413,855)
Net periodic benefit cost	(4,956,214)	(5,563,402)
Pension plan related changes other than net periodic benefit costs	13,839,446	16,977,257
Subtotal	-	-
Changes in Net Assets After Periodic Pension Related Changes	(40,186)	(342,731)
Net Assets - Beginning of Year- as Previously Stated	150,031	492,762
Prior period adjustment (Note 12)	82,958	-
Net Assets - Beginning of Year- as Restated	232,989	492,762
Net Assets - End of Year	\$ 192,803	\$ 150,031

The accompanying notes are an integral part of these financial statements.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
STATEMENTS OF FUNCTIONAL EXPENSES

Year Ended June 30, 2024	Program Services	General and Administrative	Total
Personnel Expenses			
Salaries	\$ 32,497,011	\$ 5,816,294	\$ 38,313,305
Benefits	8,714,792	1,559,768	10,274,560
Payroll taxes	469,108	91,943	561,051
Total Personnel Expenses	41,680,911	7,468,005	49,148,916
EXPENSES			
Purchase of Services			
Other purchased services (Note 8)	332,585,097	-	332,585,097
Out of home	145,086,834	-	145,086,834
Day programs	65,529,337	-	65,529,337
Transportation	25,107,395	-	25,107,395
Total Purchase of Services	568,308,663	-	568,308,663
Operating			
Lease expense - operating (paid)	-	6,289,672	6,289,672
Lease expense - operating (accrued)	-	2,783,925	2,783,925
General office expenses	615,576	1,769,156	2,384,732
Data processing maintenance	-	1,748,953	1,748,953
General expenses	-	1,277,898	1,277,898
Facility rent	-	852,259	852,259
Insurance	-	698,477	698,477
Contract consultants	83,581	658,742	742,323
Communication	-	657,642	657,642
Legal fees	-	537,188	537,188
Equipment purchases	-	350,912	350,912
Facility maintenance	-	323,898	323,898
Travel	263,991	62,882	326,873
Postage	-	146,179	146,179
Equipment maintenance	-	145,836	145,836
Dues	-	92,526	92,526
Professional fees	-	80,000	80,000
Printing	-	76,232	76,232
Interest expense and bank fees	-	25,341	25,341
Equipment rental	-	23,502	23,502
Total Operating	963,148	18,601,220	19,564,368
TOTAL EXPENSES	\$ 610,952,722	\$ 26,069,225	\$ 637,021,947

The accompanying notes are an integral part of these financial statements.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

STATEMENTS OF FUNCTIONAL EXPENSES

(Continued)

Year Ended June 30, 2023	Program Services	General and Administrative	Total
Personnel Expenses			
Salaries	\$ 24,920,495	\$ 5,292,324	\$ 30,212,819
Benefits	6,788,183	1,441,595	8,229,778
Payroll taxes	365,363	75,163	440,526
Total Personnel Expenses	32,074,041	6,809,082	38,883,123
EXPENSES			
Purchase of Services			
Other purchased services (Note 8)	266,180,329	-	266,180,329
Out of home	130,380,862	-	130,380,862
Day programs	58,993,657	-	58,993,657
Transportation	22,113,924	-	22,113,924
Total Purchase of Services	477,668,772	-	477,668,772
Operating			
Lease expense - operating (paid)	-	6,147,860	6,147,860
Lease expense - operating (accrued)	-	2,956,901	2,956,901
General expenses	-	1,141,495	1,141,495
General office expenses	141,043	1,290,391	1,431,434
Data processing maintenance	-	841,530	841,530
Facility rent	-	648,664	648,664
Insurance	-	628,950	628,950
Contract consultants	53,103	518,506	571,609
Communication	-	505,063	505,063
Facility maintenance	-	370,521	370,521
Equipment purchases	-	287,901	287,901
Travel	151,794	52,987	204,781
Equipment maintenance	-	141,975	141,975
Postage	-	131,212	131,212
Dues	-	92,526	92,526
Legal fees	-	85,673	85,673
Professional fees	-	74,000	74,000
Interest expense and bank fees	-	25,949	25,949
Printing	-	20,042	20,042
Equipment rental	-	12,269	12,269
Total Operating	345,940	15,974,415	16,320,355
TOTAL EXPENSES	\$ 510,088,753	\$ 22,783,497	\$ 532,872,250

The accompanying notes are an integral part of these financial statements.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
STATEMENTS OF CASH FLOWS

Years Ended June 30	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ (40,186)	\$ (342,731)
Adjustments to reconcile changes in net assets to net cash provided (used) by operating activities:		
(Increase) decrease in:		
Receivable - State Regional Center contracts	(13,243,505)	(34,992,413)
Receivable - Intermediate Care Facility providers	(408,765)	(75,990)
Prepaid expenses	(163,192)	171,986
Other receivables	(361,870)	58,929
Increase (decrease) in:		
Accounts payable	6,402,883	16,934,606
Advance - State Regional Center contracts	(12,684,251)	21,020,008
Accrued and other liabilities	3,193,366	1,283,098
Client trust funds liability	(1,062,327)	745,767
Cash Provided (Used) By Operating Activities	(18,367,847)	4,803,260
Increase (Decrease) in Cash	(18,367,847)	4,803,260
Cash - Beginning of Year	54,862,661	50,059,401
Cash - End of Year	\$ 36,494,814	\$ 54,862,661
SUPPLEMENTAL DISCLOSURE OF CASH FLOWS INFORMATION		
Components of Cash and Cash Equivalents		
Cash and cash equivalents	\$ 33,541,042	\$ 50,846,562
Cash - client trust funds	2,953,772	4,016,099
Total	\$ 36,494,814	\$ 54,862,661
SCHEDULE OF NONCASH		
Change in due from state - accrued vacation and other leave benefits	\$ (153,926)	\$ (613,073)
Change in due from state - unfunded defined benefit plan liability	8,883,232	11,413,855
Change in due from state - deferred rent	-	20,279,342
Change in operating lease - right-of-use asset	7,925,210	(151,194,473)
Change in due from state - leases	(2,783,235)	(2,956,901)
Change in accrued vacation and other leave benefits	153,926	613,073
Change in unfunded defined benefit plan liability	(8,883,232)	(11,413,855)
Change in deferred rent	-	(20,279,342)
Change in operating lease liability	(5,141,975)	154,151,374
Total	\$ -	\$ -

The accompanying notes are an integral part of these financial statements.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
NOTES TO THE FINANCIAL STATEMENTS

1. NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities South Central Los Angeles Regional Center for Developmentally Disabled Persons, Inc. (SCLARC), was incorporated on May 2, 1983, as a California nonprofit corporation. SCLARC was organized in accordance with the provisions of the Lanterman Developmental Disabilities Services Act (the Act) of the Welfare and Institutions Code of the State of California. In accordance with the Act, SCLARC provides services for persons with developmental disabilities and their families. Services include, but are not limited to, programs of developmental services, public information and education, research, manpower and resource development and evaluation. SCLARC contracts with the State of California Department of Developmental Services (DDS) to operate a regional center for individuals with developmental disabilities and their families. SCLARC serves five health districts of Los Angeles including Compton, San Antonio, South, Southeast and Southwest. The Act includes governance provisions regarding the composition of SCLARC's board of directors.

The Act states that the board shall be comprised of individuals with demonstrated interest in, or knowledge of, developmental disabilities, and other relevant characteristics, and requires that a minimum of 50% of the governing board be persons with developmental disabilities or their parents or legal guardians, and that no less than 25% of the members of the governing board shall be persons with developmental disabilities. In addition, a member of a required advisory committee, which is composed of persons representing the various categories of providers from which SCLARC purchases client services, shall serve as a member of SCLARC's board. To comply with the Act, SCLARC's board of directors includes persons with developmental disabilities, or their parents or legal guardians, who receive services from SCLARC and a client service provider of SCLARC.

Basis of Accounting The accompanying financial statements have been prepared on the accrual basis of accounting. SCLARC is reimbursed by the State for expenses incurred in operating SCLARC to the extent that the expenses are not covered by client support funds. Revenue is recognized when earned and expenses are recognized when the obligation is incurred. Reimbursement from the State are considered earned when a qualifying expense is incurred.

Financial Statement Presentation SCLARC's financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. Under FASB ASC Topic 958, SCLARC is required to report information regarding its financial position and activities according to two classes of net assets based upon the existence or absence of donor-imposed restrictions, as follows:

Net Assets Without Donor Restrictions: Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

South Central Los Angeles Regional Center For Developmentally Disabled Persons, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Net Assets With Donor Restrictions: Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributions that are restricted by the donor are reported as increases in net assets without donor restriction if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which revenue is recognized. As of June 30, 2024 and 2023, SCLARC did not have donor restricted net assets.

Fund Accounting The accounts of SCLARC are maintained in accordance with the principles of fund accounting. Under fund accounting, resources are classified for accounting and reporting considerations into funds established according to their nature and purpose.

Cash and Cash Equivalents For purposes of the statement of cash flows, SCLARC considers all highly liquid debt instruments with original maturities of three months or less to be cash equivalents. In accordance with the State Regional Center contracts, bank accounts are in the name of both DDS and SCLARC.

Significant Concentrations of Credit Risk SCLARC maintains substantially all of its cash and temporary cash investments at one financial institution. Accounts at the institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash exceeded federally insured limits by \$37,294,886 and \$55,370,242 at June 30, 2024 and 2023, respectively. SCLARC has not experienced any loss and management believes it is not exposed to any significant credit risk on such accounts.

State Regional Center Contract Receivables and Advances Contracts receivable represent amounts due from the State for reimbursement of expenditures made by SCLARC under the annual Regional Center contracts. Advances represent cash advances received by SCLARC under the annual Regional Center contracts. Amounts receivable from the State are offset against advances payable when the State notifies SCLARC that a right of offset exists. SCLARC considers all amounts receivable under grant contracts to be collectible; accordingly, no allowance for doubtful accounts exists.

Receivable - Intermediate Care Facility Providers During the year ended June 30, 2011, various legislative changes were made to the *California Welfare and Institutions Code* retroactively to July 1, 2007, making Intermediate Care Facility (ICF) providers responsible for providing consumer day treatment and transportation services, and ultimately, making such services eligible for reimbursement under California's Home and Community Based Services (HCBS) Program, which is funded by the Medicaid Waiver grant (Medicaid). Previously, such services were not reimbursable by Medicaid because the funds were not directly billed and received by the ICFs. The legislative changes allow for DDS to bill these services to Medicaid and capture federal dollars.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Effective July 1, 2012, SCLARC began billing the ICFs directly for monthly consumer day treatment and transportation services. The State does not reimburse SCLARC for these costs and they are billed direct to and are collected from the ICFs. SCLARC receives a 1.5% administrative fee based on the funds received to cover the additional workload.

Allowance for Credit Losses SCLARC uses the current expected credit loss method (CECL) to recognize bad debt. The California state government issues an annual budget for the program which is distributed ratably to each of the 21 regional centers throughout the state. The individual budgets established by DDS for each regional center are cost-reimbursement based contracts that allow regional centers to submit claims for reimbursement for their expenditures, resulting in a corresponding receivable. Management believes the likelihood of DDS denying reimbursement or defaulting on the receivable is remote. Similarly, SCLARC has receivables from ICFs which will subsequently be reimbursed once the ICF is paid by DDS. In the event an ICF defaults on a receivable, DDS would reimburse SCLARC directly and collect the amount from the ICF vendor's future Medi-Cal payments. As such, management believes the likelihood of ICF receivables becoming uncollectable is also remote. SCLARC has not established an allowance for credit losses for the year ended June 30, 2024, as management believes all receivables are fully collectable.

Prepaid Expenses Payments made to vendors for services that will benefit SCLARC for periods beyond the current fiscal year are recorded as prepaid expenses.

Leases SCLARC accounts for leases in accordance with FASB ASC 842. SCLARC is a lessee in noncancellable operating leases for office space and equipment. SCLARC determines if an arrangement is a lease, or contains a lease, at inception of a contract and when terms of an existing contract are changed. SCLARC determines if an arrangement conveys the right to use an identified asset and whether SCLARC obtains substantially all of the economic benefits from and has the ability to direct the use of the asset. SCLARC recognizes a lease liability and right-of-use (ROU) asset at the commencement date of the lease.

Operating Lease Liabilities: A lease liability is measured based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable lease payments depend on an index or rate and are measured using the index or rate at the commencement date. Lease payments, including variable payments made based on an index or rate, are remeasured when any of the following occur: (1) the lease is modified (and the modification is not accounted for as a separate contract), (2) certain contingencies related to variable lease payments are resolved, or (3) there is a reassessment of any of the following: the lease term, purchase options, or amounts that are probable of being owed under a residual value guarantee. The discount rate is the rate implicit in the lease if it is readily determinable; otherwise, SCLARC has elected to use the risk-free borrowing rate per Accounting Standards Update (ASU) No. 2021-09, *Leases (Topic 842): Discount Rate for Lessees That are Not Public Business Entities*. SCLARC has elected to use this rate for all classes of underlying assets.

South Central Los Angeles Regional Center For Developmentally Disabled Persons, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Operating Lease – ROU Asset: A ROU asset is measured at the commencement date at the amount of the initially measured liability plus any lease payments made to the lessor before or after commencement date, minus any lease incentives received, plus any initial direct costs. Unless impaired, the ROU asset is subsequently measured throughout the lease term at the amount of the lease liability (that is the present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received. Lease cost for lease payments is recognized on a straight-line basis over the lease term.

SCLARC has elected not to recognize the ROU assets and lease liabilities that arise from short-term leases (have a lease term of 12 months or less, but greater than one month at lease commencement, and do not include an option to purchase the underlying assets that SCLARC is reasonably certain to exercise) for any class of underlying asset and instead recognize the lease payments in the statement of functional expenses.

Property and Equipment In accordance with the State Regional Center contracts, all equipment purchased with contract funds is the property of the State. SCLARC is required to maintain memorandum records of equipment purchases and dispositions. Equipment purchases are recorded as supporting or program service expenses when they are incurred. The cost basis of the property utilized by SCLARC and owned by the state was \$1,185,779 and \$678,081 at June 30, 2024 and 2023, respectively. This balance includes only the equipment that exceeds \$5,000 as required by System Award Management (SAM) guidelines.

Accrued Vacation and Other Employee Benefits SCLARC has accrued a liability for leave benefits earned. However, such benefits are reimbursed under the state contract only when paid. SCLARC has also recorded a receivable from the State for the accrued leave benefits to reflect the future reimbursement of such benefits.

Defined Benefit Pension Plan SCLARC is required to recognize the funded status of the California Public Employee's Retirement System (CalPERS) pension plan, measured as the difference between plan assets at fair value and the pension obligation, in the statement of financial position. SCLARC has accrued a liability for the CalPERS pension. SCLARC has also recorded a receivable from the state for pension benefit obligation to reflect the future reimbursement of such benefits. However, such benefits are reimbursed under the state contract only when actually paid.

Client Trust Fund Liability SCLARC assumes a fiduciary relationship with certain clients who cannot manage their own finances. Client support funds are received from private and governmental sources, including the Social Security Administration and Veterans Administration. These funds are used primarily to offset clients' out-of-home placement and living costs, thereby reducing the amount expended by SCLARC. These funds are held in a separate bank account and interest earnings are credited to the clients' balances.

Revenue Concentration State Regional Center contract revenue is revenue received from the State in accordance with the Lanterman Act. Ninety-nine percent of revenue is derived from this source.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Revenue and Revenue Recognition SCLARC recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give – that is, those with a measurable performance or other barrier and a right of return – are not recognized until the conditions on which they depend have been met.

A significant portion of SCLARC's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when SCLARC has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are recorded as an advance and included with the Advance – State Regional Center contracts on the statement of financial position. SCLARC received cost-reimbursable grants of \$149,145,805 and \$161,830,056 that have not been recognized in revenue at June 30, 2024 and 2023, respectively, because qualifying expenditures have not yet been incurred.

Federal Grants SCLARC received two federal grants as of June 30, 2024, as follows:

U.S. Department of Education: SCLARC is a sub-recipient to State of California DDS with regard to the Special Education Grants for Infants and Families, which provides funding for early intervention services for infants and toddlers, through age 3, as authorized by Public Law 102-119. Revenue received from this program for the years ended June 30, 2024 and 2023, was \$3,321,030 and \$2,610,095, respectively, and is included in State Regional Center contracts revenue on the statements of activities.

SCLARC is a sub-recipient to State of California CDE with regard to the Individuals with Disabilities Education Act, which provides funding for special education and related services for school-aged children as authorized by Public Law 108-446. Revenue received from this program for the years ended June 30, 2024 and 2023, was \$162,477 and \$0, respectively, and is included in State Regional Center contracts revenue on the statements of activities.

Allocation of Expenses During the year, costs of providing programs and other activities are accumulated into separate groupings as either direct or indirect. Indirect or shared costs are allocated among program and support services by a method that best measures the relative degree of benefit. Employee benefits are allocated based on salaries.

Use of Estimates and Assumptions The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Income Taxes SCLARC has received tax-exempt status under Section 501(c)(3) of the *Internal Revenue Code*, and Section 23701(d) of the *California Revenue and Taxation Code*, and has been classified as an Center that is not a private foundation under Section 509(a) of the *Internal Revenue Code*. Accordingly, no provision for income taxes is included in the financial statements.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

SCLARC accounts for income taxes in accordance with FASB ASC 740, *Income Taxes*, which clarifies the accounting for uncertainty in income taxes and how an uncertain tax position is recognized in financial statements. SCLARC analyzes tax positions taken in previously filed returns and tax positions expected to be taken in future returns. Based on this analysis, a liability is recorded if uncertain tax benefits have been received. SCLARC's practice is to recognize interest and penalties, if any, related to uncertain tax positions in the tax expense. There were no uncertain tax positions identified or related interest and penalties recorded as of June 30, 2024 and 2023, and SCLARC does not expect this to change significantly over the next 12 months.

Change in Accounting Principle In June 2016, the FASB issued ASU No. 2016-13, *Financial Instruments – Credit Loss (Topic 326): Measurement of Credit Losses on Financial Instruments*, which was effective for SCLARC on July 1, 2023. This standard addresses measurement of credit losses on financial instruments and replaces the incurred loss impairment methodology with a methodology that reflects expected credit losses and requires consideration of a broader range of information to estimate credit losses. The adoption of this standard did not have a material impact on SCLARC's financial statements.

Subsequent Events Management has evaluated subsequent events through **DATE**, the date on which the financial statements were available to be issued.

2. LIQUIDITY AND AVAILABILITY

Financial assets available for purchase of client service and operation expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

June 30	2024	2023
Cash and cash equivalents	\$ 33,541,042	\$ 50,846,562
Receivable - State Regional Center contracts	180,646,484	167,402,979
Receivable - Intermediate Care Facility providers	1,620,369	1,211,604
Other receivables	1,696,133	1,251,305
Less: Advance - State Regional Center contracts	(149,145,805)	(161,830,056)
Total	\$ 68,358,223	\$ 58,882,394

According to SCLARC's contract with DDS, the State and the regional centers collaborate to build the budget for the regional center system using the best quality data and information available. This budget provides data to assist in building the Governor's January Budget and the May Revise.

South Central Los Angeles Regional Center For Developmentally Disabled Persons, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Additionally, each regional center submits a monthly purchase of service expenditure projection to DDS, beginning in December of each fiscal year. By February 1st of each year, DDS allocates, to all regional centers, approximately ninety-nine percent (99%) of the enacted budget for operations and purchase of service. To do this, it may be necessary to amend SCLARC's contract in order to allocate funds made available from budget augmentations to allocate funds among regional centers. In the event that DDS determines that a regional center has insufficient funds to meet its contractual obligations, DDS shall utilize proper legislative measures to secure additional funds and provide the regional center with regulatory and statutory relief.

SCLARC maintains a line of credit (Note 4) to manage cash flow requirements as needed to cover any delays in cash advances and reimbursements over the beginning of the fiscal year.

3. CASH - CLIENT TRUST FUNDS AND CLIENT TRUST FUND LIABILITY

SCLARC functions as the custodian for the receipt of certain governmental payments and resulting disbursements made on behalf of SCLARC's clients. The cash balances are segregated from the operating cash accounts of SCLARC and are restricted for client support. Since SCLARC is acting as an agent in processing these transactions, no revenue or expense are reflected on the accompanying statements of activities.

The following is a summary of activity related to the client trust funds:

June 30	2024	2023
Client Trust Fund Liability - Beginning of the Year	\$ 4,016,099	\$ 2,496,676
Social Security and other client support received	20,309,709	16,631,407
Purchase of service disbursements	(19,480,132)	(18,029,469)
Change in AP/AR	(1,891,904)	2,917,485
Client Trust Fund Liability - End of the Year	\$ 2,953,772	\$ 4,016,099

4. LINE OF CREDIT

SCLARC had a revolving \$50,000,000 line of credit with City National Bank, secured by SCLARC's assets. Interest on the outstanding balance was payable monthly at the greater of 2.25% or 1% below the bank's prime rate, which was 8.50% and 8.25% at June 30, 2024 and 2023, respectively, and amounted to \$0 and \$0 for the years ended June 30, 2024 and 2023, respectively. The line of credit expired on June 30, 2024. SCLARC extended the line of credit which is now set to expire in June 2025 with the same terms. At June 30, 2024 and 2023, the outstanding balance on the line of credit was \$0 and \$0, respectively.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS
(Continued)

5. FUNDING LIMITS

SCLARC's contract is funded by the State's General Fund and federal reimbursements. The contracts specify the level and nature of the services to be provided to developmentally disabled persons. Allocated amounts are based primarily on projected client caseloads and are subject to amendment based upon actual services provided.

Contracts are open for the current and two prior years as follows:

Years Ended June 30	Contract Amount	Cumulative Expenses	Unexpended Balance
2024	\$ 671,948,650	\$ 605,648,049	\$ 66,300,601
2023	\$ 608,207,898	\$ 533,011,762	\$ 75,196,136
2022	\$ 578,482,818	\$ 454,108,642	\$ 124,374,176

Management monitors the unexpended balance annually to avoid overspending the contract limits. Management believes that total expenditures for each open year will not exceed the final approved contract amount.

6. LEASE COMMITMENTS

SCLARC is obligated under various operating lease agreements for office equipment and office facilities. The terms of the office lease agreements provide for payment of minimum annual rental payments, with fixed increases.

SCLARC has obligations as a lessee for office space and office equipment with initial noncancellable terms in excess of one year. The lease for office space located at South Western Avenue has an initial term of 34 years expiring in April 2049 with no option to extend. The lease for office space located at Garfield Avenue had an original term of 10 years, with two options to extend the lease term for an additional 5 years, expiring in November 2039. The lease term for this lease was modified on May 1, 2024 and is set to expire in August 2025. The lease will convert to a month-to-month lease upon the expiration of the lease term. The office equipment lease has an initial term of 5 years with no option to extend, expiring March 2025. SCLARC classifies these leases as operating leases.

Payments due under lease contracts include fixed payments and variable payments. Some of SCLARC's office space leases require variable payments of SCLARC's proportionate share of the buildings' property taxes, insurance, and other common area maintenance charges. These variable lease payments are not included in lease payments used to determine lease liabilities and are recognized as variable lease costs when incurred.

Beginning on July 1, 2022, SCLARC has elected not to separate nonlease components from lease components for all office space and office equipment leases.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Supplemental cash flow information related to leases included in the Statements of Cash Flows, were as follows:

Year Ended June 30	2024	2023
Cash paid for amounts included in the measurements of lease liabilities:		
Operating cash flows for operating leases	\$ 6,289,672	\$ 6,147,860
Cash paid for amounts included in the measurements of lease liabilities:		
Operating cash flows for variable lease payments	\$ 763,810	\$ 622,778

As of June 30, 2024, maturities of operating lease liabilities were as follows:

Years Ending June 30	
2025	\$ 6,478,362
2026	6,393,914
2027	6,560,184
2028	6,756,989
2029	6,959,699
Thereafter	190,472,891
Total Lease Payments	223,622,039
Less: Present value adjustment	74,612,640
Present Value of Lease Liabilities	\$ 149,009,399

The table below presents additional information related to SCLARC's leases:

June 30, 2024	2024	2023
Weighted average remaining lease term:		
Operating leases	24.80	25.58
Weighted average discount rate:		
Operating leases	3.11%	3.12%

Upon adoption of ASU No. 2016-02, the risk-free rate used for existing leases was established using the Daily Treasury Par Yield Curve rate as of July 1, 2022.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS
(Continued)**

7. EMPLOYEE BENEFIT PLAN

SCLARC contributes to CalPERS for retirement benefits. CalPERS is an agent multiple-employer public employee retirement system that acts as a common investment and administrative agent for participating public entities within California. Substantially all of SCLARC's employees participate in CalPERS.

FASB Accounting Standards Codification (ASC) 715-30, *Defined Benefit Plans – Pension*, requires SCLARC to recognize the funded status of a defined benefit retirement plan as an asset or liability in its statement of financial position and to recognize changes in that funded status in unrestricted net assets in the year in which the change occurs.

The excess of the total actuarial accrued liability over the market value of plan assets is called the unfunded actuarial accrued liability. Funding requirements are determined by adding the normal cost and an amortization of the unfunded liability as a level percentage of assumed future payrolls.

SCLARC has three retirement plans with CalPERS. One plan is a 3% at age 60 formula, which closed as of January 1, 2008. All employees hired prior to January 1, 2008, participate in this plan. The second plan is a 2% at age 60 formula which closed as of January 1, 2013. All employees hired from January 1, 2008 through December 31, 2012, participate in this plan. The third plan is a 2% at age 62 formula which was established by the Public Employees' Pension Reform Act of 2013 (PEPRA) and all employees hired on or after January 1, 2013, participate in this plan. The total required employee contributions are 8% of earnings for the 3% at age 60 plan, 7% of earnings for the 2% at age 60 plan, and 6.75% of earnings for the 2% at age 62 plan. SCLARC is required to contribute the remaining amounts necessary to fund the benefits for its employees, using the actuarial basis adopted by the CalPERS Board of Administration.

The CalPERS Board of Administration adopted changes to the demographic assumptions based on the most recent experience study. The most significant of these is the improvement in postretirement mortality acknowledging the greater life expectancies in membership and expected continued improvements. The actuarial assumptions and methods used in CalPERS public agency valuations are approved by the Board of Administration upon the recommendation of the Chief Actuary.

The net periodic benefit cost is as follows:

Years Ended June 30	2024	2023
Service cost	\$ 6,467,553	\$ 6,278,960
Interest cost	7,060,047	6,462,696
Expected (return) on plan assets	(6,874,110)	(6,306,966)
Amortization of prior service cost	13,496	13,496
Recognized net actuarial (gains) and losses	(1,710,772)	(884,784)
Periodic Benefit Cost - Net	\$ 4,956,214	\$ 5,563,402

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Pension benefit changes other than net periodic benefit costs were \$8,883,232 and \$11,413,855 for the years ended June 30, 2024 and 2023, respectively.

June 30	2024	2023
Change in Benefit Obligation		
Benefit obligation - beginning of year	\$ 135,302,111	\$ 138,789,461
Service cost	6,467,553	6,278,960
Interest cost	7,060,047	6,462,696
Assumption change (gain) or loss	(6,991,082)	(13,879,320)
Plan amendment	-	191,373
Experience (gain) loss	1,552,022	1,208,034
Benefits and expenses paid	(4,218,209)	(3,749,093)
Benefit Obligation - End of Year	\$ 139,172,442	\$ 135,302,111
Change in Fair Value of Plan Assets		
Fair value of plan assets - beginning of year	\$ 99,574,179	\$ 91,647,674
Actual return on plan assets	9,722,225	5,722,854
Employer contributions	4,887,801	4,139,126
Employee contributions	2,361,746	1,813,618
Benefits and expenses paid	(4,218,209)	(3,749,093)
Fair Value of Plan Assets - End of Year	\$ 112,327,742	\$ 99,574,179
Unfunded Defined Benefit Plan Liability	\$ 26,844,700	\$ 35,727,932

The unrecognized net (gain) or loss were as follows:

June 30	2024	2023
Unrecognized Net (Gain) or Loss		
Beginning of year	\$ (39,056,044)	\$ (27,853,654)
Experience (gain) loss	1,552,022	1,208,034
Asset (gain) loss	(2,848,115)	584,112
Amortization amount	1,710,772	884,784
Assumption change (gain) or loss	(6,991,082)	(13,879,320)
Unrecognized Net (Gain) or Loss - End of Year	\$ (45,632,447)	\$ (39,056,044)

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

The assumptions used in the measurement of the benefit obligations are as follows:

June 30, 2024

Discount rate (benefit expense)	5.53%
Discount rate (benefit obligation)	5.53%
Expected long-term return on plan assets	6.80%
Rate of compensation increase	4.00%

This discount rate was derived from the Above Median FTSE Pension Discount Curve as of the end of June 30, 2024, using the expected payouts from the plan. The rate used as of the beginning of the fiscal year (used to calculate the expense for the year) was 5.24%. The long-term rate of return on plan assets is the expected return used by CalPERS for their pension fund and was derived based on their long-term expectation of asset returns in consultation with CalPERS investment staff and advisors. The annual pension expense under ASC 715 is based on the expected return on plan assets during the fiscal year.

For the Mortality rate, the actuary used the Pri-2012 Total Dataset Mortality Tables projected forward generationally using the MP-2021 projection scale. This assumption is expected to be a best estimate of future mortality experience, being based on the latest published study by the Society of Actuaries, which was finalized in October 2021.

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Accounting principles generally accepted in the United States of America establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs are unadjusted quoted prices for identical assets or liabilities in active markets that SCLARC has the ability to access.
- Level 2: Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Plan assets of \$112,327,742 are held in a pooled investment account managed by CalPERS and are considered level three investments.

The following table provides further details of the Level 3 fair value measurements:

June 30, 2024

Beginning balances	\$ 99,574,179
Actual return on plan assets	9,722,225
Total contributions	7,249,547
Benefits and expenses paid	(4,218,209)
End of Year	\$ 112,327,742

The following benefit payments for the next ten years, which reflect expected future service, as appropriate, are expected to be paid at June 30, 2024 and for the years then ended:

Years Ending June 30

2025	\$ 4,175,584
2026	4,488,812
2027	4,953,006
2028	5,386,957
2029	5,776,766
2029 - 2034 Aggregate	36,292,696
Total	\$ 61,073,821

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
NOTES TO THE FINANCIAL STATEMENTS
(Continued)

8. OTHER PURCHASED SERVICES

Other purchased services consisted of the following:

June 30	2024	2023
Nonmedical services - professional	\$ 9,897,777	\$ 7,618,618
Nonmedical services - programs	96,674,791	82,360,665
Homecare services - professional	1,883,751	1,400,845
Prevention services	19,143,054	17,010,951
Other authorized services	131,048,080	92,874,336
Personal and incidental	308,887	285,668
Hospital care	991,250	1,022,500
Medical equipment	37,721	54,415
Medical care - professional	9,036,500	8,349,610
Medical care - program	101,062	45,351
Respite - in home	61,797,283	54,024,775
Respite - out of home	1,522,029	1,009,485
Camps	76,148	17,506
Prior period expenses	66,764	105,604
Total Other Purchased Services	\$ 332,585,097	\$ 266,180,329

9. LITIGATION CLAIMS AND CONTINGENCIES

Contingencies

SCLARC is dependent on continued funding provided by DDS to operate and provide services for its clients. SCLARC's contract with DDS provides funding for services under the Act. In the event that the operations of SCLARC result in a deficit position at the end of any contract year, DDS may reallocate surplus funds within the State of California system to supplement SCLARC's funding. Should a system-wide deficit occur, DDS is required to report to the governor of California and the appropriate fiscal committee of the State Legislature and recommend actions to secure additional funds or reduce expenditures. DDS's recommendations are subsequently reviewed by the governor and the Legislature and a decision is made with regard to specific actions.

In accordance with the terms of the DDS contract, an audit may be performed by an authorized state representative. Should such an audit disclose any unallowable costs, SCLARC may be liable to the State for reimbursement of such costs. In the opinion of SCLARC's management, the effect of any disallowed costs would be immaterial to the financial statements at June 30, 2024.

South Central Los Angeles Regional Center For Developmentally Disabled Persons, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Legal Proceedings

SCLARC is subject to various legal proceedings and claims arising in the ordinary course of its business. While the ultimate outcome of these matters is difficult to predict, management believes that the ultimate resolution of these matters will not have a material adverse effect on SCLARC's financial position or activities.

10. RELATED-PARTY TRANSACTIONS

California Welfare and Institutions Code, Section 4622, requires that a minimum of 50% of the Organization's governing board be comprised of persons with developmental disabilities or their parents or legal guardians. Program service payments were made on behalf of persons with developmental disabilities that were governing board members or were related to governing board members. Payments made on behalf of members of the board with developmental disabilities and the vendor member of the board's organization were \$626,491 and \$607,380 for the years ended June 30, 2024 and 2023, respectively.

11. AFFILIATES

Friends of South Central Los Angeles Regional Center for Developmentally Disabled Persons, Inc. (Friends), is a separately incorporated California nonprofit corporation organized to improve the quality of life of the developmentally disabled consumers and families of SCLARC by providing assistance and activities that are not otherwise available through SCLARC or any other agency.

In August 2013, a limited liability company owned by Friends borrowed \$55,000,000 from the California Municipal Finance Authority through the issuance of California Municipal Finance Authority Revenue Bonds to finance the construction of office buildings in Los Angeles for use by SCLARC. In connection with the issuance of the bonds, the limited liability company entered into a long-term lease with SCLARC and has pledged the rent payments to be received under the lease with SCLARC as the primary source of revenues to secure the repayment of the bonds. Rent under the lease commenced in May 2015, with a term of 34 years, or until the rent necessary to repay the bonders is received. Office and parking rent commenced in May 2015, and started at \$392,970 per month for the first year and increases annually by three percent. SCLARC is also responsible for operating expense as defined in the agreement.

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**

NOTES TO THE FINANCIAL STATEMENTS
(Continued)

12. PRIOR PERIOD ADJUSTMENT

Certain adjustments have been made to net assets to correct beginning balances.

Net Assets - as Previously Reported - June 30, 2023	\$	150,031
Contributions and other income not reported		82,958
Cumulative Effect of Change		82,958
Net Assets - as Restated - June 30, 2023	\$	232,989

In the prior year, contributions and other income was understated by \$82,958 as not all revenue from the First 5 Pathway grant was recognized. The effect of the correction of this adjustment was to increase other receivables and net assets by \$82,958.

11. AFFILIATES

Certain reclassification have been made to the June 30, 2023 balances for consistency in comparing to the June 30, 2024 balances.

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REQUIRED SUPPLEMENTARY INFORMATION SECTION

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program Title	Contract Year	Assistance Listing Number	Pass-Through Grant Number	Disbursements/ Expenditures
U.S. DEPARTMENT OF EDUCATION				
Passed Through State of California				
Department of Developmental Services -				
Special Education - Grants for Infants and Families with Disabilities (Part C)	23/24	H181A230037	84.181A	\$ 3,321,030
California Department of Education				
Individuals with Disabilities Education Act Part B, Section 611	22/23	H027A220116	84.027A	\$ 162,477
Total U.S. Department of Education				3,483,507
Total Expenditures of Federal Awards				\$ 3,483,507

Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal award activity of SCLARC under programs of the federal government for the year ended June 30, 2024. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because this schedule presents only a selected portion of the operations of SCLARC, it is not intended to, and does not, present the financial position, changes in net assets, or cash flows of SCLARC.

Summary of Significant Accounting Policies

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowed or are limited as to reimbursement. Part C expenditures are based on state contract budget allocations.

Indirect Cost Rate

SCLARC did not elect to use the 10% de minimis method for indirect cost rate allowed under the Uniform Guidance.

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OTHER REPORTS SECTION

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors
South Central Los Angeles Regional Center for
Developmentally Disabled Persons, Inc.
Los Angeles, California

We have audited in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of South Central Los Angeles Regional Center for Developmentally Disabled Persons, Inc. (SCLARC), which comprise the statement of financial position as of June 30, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements and have issued our report thereon dated DATE.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered SCLARC's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of SCLARC's internal control. Accordingly, we do not express an opinion on the effectiveness of SCLARC's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of SCLARC's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

**INDEPENDENT AUDITOR’S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

(Continued)

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether SCLARC’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of SCLARC’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering SCLARC’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

AGT CPAs & Advisors
Redding, California

DATE

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH THE UNIFORM GUIDANCE**

To the Board of Directors
South Central Los Angeles Regional Center for
Developmentally Disabled Persons, Inc.
Los Angeles, California

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited South Central Los Angeles Regional Center for Developmentally Disabled Persons, Inc.'s (SCLARC) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of SCLARC's major federal programs for the year ended June 30, 2024. SCLARC's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, SCLARC complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of SCLARC and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of SCLARC's compliance with the compliance requirements referred to above.

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH THE UNIFORM GUIDANCE**

(Continued)

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to SCLARC's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on SCLARC's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, Government Auditing Standards, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about SCLARC's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, Government Auditing Standards, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding SCLARC's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of SCLARC's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of SCLARC's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

**INDEPENDENT AUDITOR’S REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH THE UNIFORM GUIDANCE**

(Continued)

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor’s Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

AGT CPAs & Advisors
Redding, California

DATE

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FINDINGS AND QUESTIONED COSTS SECTION

**South Central Los Angeles Regional Center
For Developmentally Disabled Persons, Inc.**
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
June 30, 2024

**SECTION I
SUMMARY OF AUDITOR'S RESULTS**

FINANCIAL STATEMENTS

Type of auditor's report issued:	Unmodified
Internal control over financial reporting:	
Are any material weaknesses identified?	No
Are any significant deficiencies identified?	None reported
Is any noncompliance material to financial statements noted?	No

FEDERAL AWARDS

Internal control over major programs:	
Are any material weaknesses identified?	No
Are any significant deficiencies identified?	None reported
Type of auditor's report issued on compliance for major program:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?	No
Identification of major programs:	
Assistance Listing Number	84.181A Special Education – Grants for Infants and Families with Disabilities (Part C)
Threshold for distinguishing types A and B programs:	\$750,000
Auditee qualified as low-risk auditee?	Yes

**SECTION II FINDINGS
FINANCIAL STATEMENTS AUDIT**

None

**SECTION III FINDINGS
FEDERAL AWARDS AUDIT**

None

None

DRAFT

AGT CPAs & ADVISORS

1726 COURT ST
REDDING, CA 96001
(530) 241-3881

March 6, 2025

South Central Los Angeles Regional
Center For Dev. Disabled Persons, Inc.
2500 South Western Avenue
Los Angeles, CA 90018

Dear Client:

Your 2023 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service. Unless already provided to us, please sign and return Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2023 California Exempt Organization Annual Information Return will be electronically filed with the State of California. Unless already provided to us, please sign and return Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$1,200 payable by May 15, 2025. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2025 to:

REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Kristel Maikranz, CPA

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 202024**2023**Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**Name of filer **SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.**EIN or SSN
95-3861159

Name and title of officer or person subject to tax

DEXTER A. HENDERSON EXECUTIVE DIR.**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	636,981,761.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **AGT CPAS AND ADVISORS** to enter my PIN **52291** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.**68084455195****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

Identifying number

SOUTH CENTRAL LOS ANGELES REGIONAL

95-3861159

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5).....	1	636,981,761.
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14).....	2	636,981,761.
3	Total expenses and disbursements (Form 199, line 9).....	3	637,021,947.
4	Tax due (Form 109, line 23).....	4	
5	Overpayment (Form 109, line 24).....	5	

Part II Settle Your Account Electronically for Taxable Year 2023

- 6 ☐ Direct Deposit of refund (Form 109 only.)
- 7 ☐ Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

- 10 Routing number _____
- 11 Account number _____ 12 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here

Signature of officer

Date

EXECUTIVE DIR.

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**

ERO's signature

Date

Check if
also paid
preparer ☒Check if
self-
employed ☐

ERO's PTIN

P01429203

Firm's name (or yours
if self-employed)
and address

AGT CPAS AND ADVISORS
1726 COURT ST
REDDING CA

Firm's FEIN

68-0146027

ZIP code 96001

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid
Preparer
Must
Sign**Paid
preparer's
signature

Date

Check if
self-employed ☐

Paid preparer's PTIN

Firm's name
(or yours if self-
employed) and
address

Firm's FEIN

ZIP code

FTB 8453-EO 2023

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2023**Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection****A** For the 2023 calendar year, or tax year beginning 7/01, 2023, and ending 6/30, 2024**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.
2500 SOUTH WESTERN AVENUE
LOS ANGELES, CA 90018**D** Employer identification number

95-3861159

E Telephone number

(213) 744-7000

G Gross receipts \$ 636,981,761.**F** Name and address of principal officer: DEXTER A. HENDERSON
SAME AS C ABOVE**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.SCLARC.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1983 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDES INTAKE, ASSESSMENT DIAGNOSIS, AND LIFELONG SERVICES COORDINATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	529
	6	Total number of volunteers (estimate if necessary)	6	80
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	528,085,332.	631,660,610.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	984,437.	1,275,454.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,205.	638,839.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,335,545.	3,406,858.
	12		532,529,519.	636,981,761.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	477,668,772.	568,308,663.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,883,123.	49,148,916.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,320,355.	19,564,368.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	532,872,250.	637,021,947.
	19	Revenue less expenses. Subtract line 18 from line 12	-342,731.	-40,186.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	417,047,404.	399,068,566.
	21		416,897,373.	398,875,763.
	22	Net assets or fund balances. Subtract line 21 from line 20	150,031.	192,803.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DEXTER A. HENDERSON		EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	KRISTEL MAIKRANZ, CPA			
	Firm's name		Firm's EIN	PTIN
	AGT CPAS AND ADVISORS		68-0146027	P01429203
Firm's address		Phone no.		
1726 COURT ST		(530) 241-3881		
REDDING, CA 96001				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 610,952,722. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 610,952,722.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	677	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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 529		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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? 5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
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		X
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 to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter: 10a		
a 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: 11a		
a 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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 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. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. 15a	X	
b Other officers or key employees of the organization. SEE SCHEDULE O. 15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
KYLA LEE 2500 SOUTH WESTERN AVENUE LOS ANGELES CA 90018 (213) 744-7000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) DEXTER A. HENDERSON EXECUTIVE DIR.	40 0		X				330,848.	0.	49,685.
(2) JESSE ROCHA DIRECTOR OF ADULT SERVICES	40 0			X			282,480.	0.	24,929.
(3) KYLA L. LEE CFO	40 0		X				263,193.	0.	40,657.
(4) CHERYLLE MALLINSON DIR OF COMM SVCS	40 0				X		236,791.	0.	38,312.
(5) JENICE TURNER DIRECTOR OF CHILDREN SERVICES	40 0			X			230,725.	0.	33,654.
(6) MARICEL CRUZAT DIRECTOR OF CLINICAL SERVICES	40 0			X			221,087.	0.	30,236.
(7) KARMELL WALKER DIRECTOR OF HR	40 0				X		168,842.	0.	31,386.
(8) ROBERT JOHNSON CONTROLLER	40 0				X		167,160.	0.	20,752.
(9) TEODORO BILBAO CHIEF OF CASE MGMT	40 0				X		142,775.	0.	29,352.
(10) YEWHALASHET HAILEMARIAM MIS MANAGER	40 0				X		142,313.	0.	27,799.
(11) JESUS MURILLO PRESIDENT	2 0	X	X				0.	0.	0.
(12) CYNTHIA TORRES VICE PRESIDENT	2 0	X	X				0.	0.	0.
(13) ILLONA HENDRICK VAC CHAIR	2 0	X					0.	0.	0.
(14) NADIA GUAJARDO BOARD MEMBER	2 0	X					0.	0.	0.

BAA

TEEA0107L 08/23/23

Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(15) ANA DESILVA BOARD MEMBER	2 0	X					0.	0.	0.
(16) SHAVON SPILLER SECRETARY	2 0	X	X				0.	0.	0.
(17) SHERRY KIDD TEMP TREASURER	2 0	X	X				0.	0.	0.
(18) MALCOLM HARRIS BOARD MEMBER	2 0	X					0.	0.	0.
(19) RAUL MUNOZ BOARD MEMBER	2 0	X					0.	0.	0.
(20) MAGALI OCHOA BOARD MEMBER	2 0	X					0.	0.	0.
(21) MIREYA ROMERO BOARD MEMBER	2 0	X					0.	0.	0.
(22) CAYCEE RICKETTS BOARD MEMBER	2 0	X					0.	0.	0.
(23) LUZ CUIEL BOARD MEMBER	2 0	X					0.	0.	0.
(24) TEYANNA WILLIAMS BOARD MEMBER	2 0	X					0.	0.	0.
(25) RENARD STANDFORD BOARD MEMBER	2 0	X					0.	0.	0.
1b Subtotal							2,186,214.	0.	326,762.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							2,186,214.	0.	326,762.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	51								

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER HEALTHCARE SERVICES 6133 BRISTOL PKWY #350 CULVER CITY, CA 9	RESPITE	60,437,088.
LEAD THE WAY, LLC 460 E. CARSON PLAZA DRIVE, #210 CARSON, CA 90746	LIVING SERVICES	19,286,623.
24HR HOMECARE, LLC 5901 GREEN VALLEY CIRCLE #470 CULVER CITY CA, CA	RESPITE	12,836,939.
HOME GUARDIAN ANGELS 1625 W. VERNON AVE. LOS ANGELES, CA 90062	RESPITE	12,225,770.
MAXIM HEALTHCARE-RESPIT 1515 W. 190TH STREET #300 GARDENA, CA 90248	RESPITE	10,181,132.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	786	

2023Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

SOUTH CENTRAL LOS ANGELES REGIONAL

95-3861159

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and
Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CEDRON MCKNIGHT BOARD MEMBER	2 0	X						0.	0.	0.
(2) CHRISTELLA FRUTOS BOARD MEMBERS	2 0	X						0.	0.	0.
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	631660610.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f	1g			
	h Total. Add lines 1a-1f			631660610.		
Program Service Revenue	2a <u>ICF SUPPLEMENTAL SVC INC</u>		Business Code			
			900099	1,275,454.	1,275,454.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g Total. Add lines 2a-2f			1,275,454.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			638,839.		638,839.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a <u>OTHER INCOME</u>		Business Code			
			900099	3,406,858.		3,406,858.
	b					
	c					
	d	All other revenue				
	e Total. Add lines 11a-11d			3,406,858.		
12 Total revenue. See instructions			636981761.	1,275,454.	0.	4,045,697.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do 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 domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	568,308,663.	568,308,663.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	567,786.	0.	567,786.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	37,745,519.	32,497,011.	5,248,508.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	10,274,560.	8,714,792.	1,559,768.	
10 Payroll taxes.	561,051.	469,108.	91,943.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	537,188.		537,188.	
c Accounting.	80,000.		80,000.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	742,323.	83,581.	658,742.	
12 Advertising and promotion.				
13 Office expenses.	3,687,971.	615,576.	3,072,395.	
14 Information technology.	1,748,953.		1,748,953.	
15 Royalties.				
16 Occupancy.	9,925,856.		9,925,856.	
17 Travel.	326,873.	263,991.	62,882.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	698,477.		698,477.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	657,642.		657,642.	
b EQUIPMENT PURCHASES	350,912.		350,912.	
c FACILITY MAINTENANCE	323,898.		323,898.	
d POSTAGE AND SHIPPING	146,179.		146,179.	
e All other expenses.	338,096.		338,096.	
25 Total functional expenses. Add lines 1 through 24e.	637,021,947.	610,952,722.	26,069,225.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing.....	50,846,562.	1	33,541,042.
	2 Savings and temporary cash investments.....	4,016,099.	2	2,953,772.
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	169,865,888.	4	183,962,986.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	125,958.	9	289,150.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a		
	b Less: accumulated depreciation.....	10b	10c	
	11 Investments — publicly traded securities.....		11	
	12 Investments — other securities. See Part IV, line 11.....		12	
	13 Investments — program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	192,192,897.	15	178,321,616.
16 Total assets. Add lines 1 through 15 (must equal line 33).....	417,047,404.	16	399,068,566.	
Liabilities	17 Accounts payable and accrued expenses.....	57,548,454.	17	63,951,337.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....	4,016,099.	21	2,953,772.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	355,332,820.	25	331,970,654.
	26 Total liabilities. Add lines 17 through 25.....	416,897,373.	26	398,875,763.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.....	150,031.	27	192,803.
	28 Net assets with donor restrictions.....		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.....	150,031.	32	192,803.
33 Total liabilities and net assets/fund balances.....	417,047,404.	33	399,068,566.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	636,981,761.
2	Total expenses (must equal Part IX, column (A), line 25)	2	637,021,947.
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,186.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	150,031.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	82,958.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	192,803.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

BAA

TEEA0112L 08/23/23

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization	SOUTH CENTRAL LOS ANGELES REGIONAL CENTER FOR DEV. DISABLED PERSONS, INC.	Employer identification number	95-3861159
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Part I 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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	379400368.	511075342.	454496547.	529069768.	632936064.	2506978089.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	379400368.	511075342.	454496547.	529069768.	632936064.	2506978089.
5 The portion of total contributions 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, column (f).						0.
6 Public support. Subtract line 5 from line 4.						2506978089.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4.	379400368.	511075342.	454496547.	529069768.	632936064.	2506978089.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	128,872.	20,924.	6,588.	124,205.	638,839.	919,428.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI				3,156,349.	3,406,858.	6,563,207.
11 Total support. Add lines 7 through 10.						2514460724.
12 Gross receipts from related activities, etc. (see instructions).					12	9,120,333.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	99.70 %
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	99.84 %

16a 33-1/3% support test—2023. 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. ☒

b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, 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 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that 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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts 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 June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests—2023.** 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. ☐b **33-1/3% support tests—2022.** 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. ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2023	2022	2021	2020	2019
OTHER INCOME	\$3,406,858.	\$3,156,349.			
TOTAL	<u>\$3,406,858.</u>	<u>\$3,156,349.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Draft

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization **SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.**

Employer identification number
95-3861159

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
SOUTH CENTRAL LOS ANGELES REGIONAL	95-3861159

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF DEVELOPMENTAL SERVICE 1600 9TH STREET, STE 205 SACRAMENTO, CA 95814	\$ 631,800,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOUTH CENTRAL LOS ANGELES REGIONAL

Employer identification number

95-3861159

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.

Employer identification number

95-3861159

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- 4 Number of states where property subject to conservation easement is located _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation 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" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1. \$ _____
- (ii) Assets included in Form 990, Part X. \$ _____
- 2 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 FASB ASC 958 relating to these items.
- a Revenue included on Form 990, Part VIII, line 1. \$ _____
- b Assets included in Form 990, Part X. \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	0.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☒

SEE PART XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 0.

BAA

Schedule D (Form 990) 2023

Part VII Investments – Other Securities

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)). . . .		

Part VIII Investments – Program Related

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)). . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3) DUE FROM STATE - LEASES	5,740,136.
(4) DUE FROM STATE - UNFUNDED BENEFIT PLAN	26,844,700.
(5) DUE FROM STATE- ACCRUED VACATION & OTHE	2,467,517.
(6) OPERATING LEASE RIGHT OF USE ASSET	143,269,263.
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).	178,321,616.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES	4,503,233.
(3) ACCRUED VACATION & OTHER LEAVE BENEFITS	2,467,517.
(4) ADVANCE - STATE REGIONAL CENTER CONTRACT	149,145,805.
(5) OPERATING LEASE LIABILITY - CURRENT	1,883,908.
(6) OPERATING LEASE LIABILITY - LONG-TERM	147,125,491.
(7) PENSION BENEFIT OBLIGATIONS	26,844,700.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).	331,970,654.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE, PART XIII. ☒**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	636,981,761.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	636,981,761.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	636,981,761.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	637,021,947.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	637,021,947.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	637,021,947.

Part XIII Supplemental Information

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 IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

SCLARC FUNCTIONS AS CUSTODIAN FOR RECEIPT OF CERTAIN GOVERNMENTAL PAYMENTS AND RESULTING DISBURSEMENTS MADE ON THE BEHALF OF REGIONAL CENTER CLIENTS. THE CASH BALANCES ARE SEGREGATED FROM THE OPERATING CASH ACCOUNTS OF SCLARC AND ARE RESTRICTED FOR CLIENT SUPPORT. A LARGE MAJORITY OF THE CLIENT SUPPORT RECEIVED COMES FROM SOCIAL SECURITY. THE FUNDS ARE DISBURSED FOR RESIDENTIAL CARE AND OTHER EXPENSES RELATED TO THE CARE OF THE SPECIFIC CLIENTS OF THE REGIONAL CENTER.

Part XIII Supplemental Information *(continued)***PART X - FASB ASC 740 FOOTNOTE**

THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT OF 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 ORGANIZATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTFULLY.

Draft

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.

Employer identification number

95-3861159

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 OUT OF HOME	23,868	145,086,834.			
2 DAY PROGRAMS	23,868	65,529,337.			
3 TRANSPORTATION SERVICES	23,868	25,107,395.			
4 OTHER PURCHASED SERVICES	23,868	332,585,097.			
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

**SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.**

Employer identification number

95-3861159

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

PART III

4 During the year, did any person listed on 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
DEXTER A. HENDERSON	(i)	330,848.	0.	0.	32,006.	17,679.	380,533.	0.
1 EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
KYLA L. LEE	(i)	263,193.	0.	0.	16,656.	24,001.	303,850.	0.
2 CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
JESSE ROCHA	(i)	282,480.	0.	0.	19,829.	5,100.	307,409.	0.
3 DIRECTOR OF ADULT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
MARICEL CRUZAT	(i)	221,087.	0.	0.	17,368.	12,868.	251,323.	0.
4 DIRECTOR OF CLINICAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
JENICE TURNER	(i)	230,725.	0.	0.	16,811.	16,843.	264,379.	0.
5 DIRECTOR OF CHILDREN SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
CHERYLLE MALLINSON	(i)	236,791.	0.	0.	16,720.	21,592.	275,103.	0.
6 DIR OF COMM SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
KARMELL WALKER	(i)	168,842.	0.	0.	13,594.	17,792.	200,228.	0.
7 DIRECTOR OF HR	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT JOHNSON	(i)	167,160.	0.	0.	12,328.	8,424.	187,912.	0.
8 CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
TEODORO BILBAO	(i)	142,775.	0.	0.	10,760.	18,592.	172,127.	0.
9 CHIEF OF CASE MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
YEWHALASHET HAILEMARIAM	(i)	142,313.	0.	0.	11,058.	16,741.	170,112.	0.
10 MIS MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS, WITH THE INPUT OF INDEPENDENT SALARY SURVEYS. THE TOP MANAGEMENT (LEADERSHIP TEAM) IS DETERMINED BY THE EXECUTIVE DIRECTOR WITH THE INPUT OF OUTSIDE SALARY SURVEYS. THE EXECUTIVE DIRECTOR'S CONTRACT IS REVIEWED AND UP FOR RENEWAL EVERY THREE YEARS.

Draft

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.**

Employer identification number
95-3861159

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ILLONA HENDRICK	VENDOR/BOARD MEM	508,430.	SERVICE PROVIDER		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SUPPLEMENTAL INFORMATION

(A) NAME OF PERSON: ILLONA HENDRICK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ILLONA HENDRICK IS THE OWNER OF HENDRICK HOME TRANSPORTATION AND ILLONA HENDRICK, HENDRICK'S HOME.

(D) DESCRIPTION OF TRANASACTION:

ILLONA HENDRICK, HENDRICK'S HOME IS A LICENSED ADULT RESIDENTIAL FACILITY. HENDRICK HOME TRANSPORTATION IS A TRANSPORTATION SERVICE CONNECTED WITH THE FACILITY.

ILLONA HENDRICK OWNS BOTH OF THESE ENITITES AND SITS ON THE BOARD OF TRUSTEES AS A VENDOR REPRESENTATIVE PURSUANT WITH THE LANTERMAN ACT.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.

Employer identification number

95-3861159

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER, (SCLARC), BELIEVES SPECIAL NEEDS DESERVE SPECIAL ATTENTION. WE ARE COMMITTED TO THE PROVISION OF CULTURALLY SENSITIVE SERVICES WHICH ENHANCE THE INHERENT STRENGTHS OF THE FAMILY AND ENABLE INDIVIDUALS TO LEAD INDEPENDENT, PRODUCTIVE LIVES.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE CENTER WAS ORGANIZED IN ACCORDANCE WITH PROVISIONS OF THE LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT (THE ACT) OF THE WELFARE AND INSTITUTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH THE ACT, THE CENTER WORKS IN PARTNERSHIP WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES, THEIR FAMILIES, LOCAL COMMUNITIES, SERVICE PROVIDERS, AND THE GOVERNMENT. ITS MISSION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISABILITIES TO LIVE INDEPENDENT, PRODUCTIVE, AND SATISFYING LIVES IN THEIR COMMUNITY. THE CENTER ALSO STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN INFANTS AND YOUNG CHILDREN, AND MINIMIZE THE RISK OF DEVELOPMENTAL DISABILITIES. AMONG THE SERVICES AND SUPPORTS THE CENTER PROVIDES OR COORDINATES ARE DIAGNOSIS AND ASSESSMENT, INDIVIDUALIZED PLANNING AND SERVICE COORDINATION, EARLY INTERVENTION AND PREVENTION, COMMUNITY LIVING OPTIONS, SUPPORTED WORK AND VOCATIONAL PROGRAMS, ADVOCACY, TRAINING AND EDUCATIONAL OPPORTUNITIES, AND OTHER SUPPORT SERVICES.

THE ENTITY SERVED APPROXIMATELY 23,868 CLIENTS IN THE FISCAL YEAR ENDING JUNE 30, 2024.

OTHER PURCHASED SERVICES \$332,585,097

OUT OF HOME 145,086,834

DAY PROGRAMS 65,529,337

TRANSPORTATION 25,107,395

Name of the organization

SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.

Employer identification number

95-3861159

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

TOTAL PROGRAM SERVICES	\$568,308,663
------------------------	---------------

OPERATING EXPENSES	42,644,059
--------------------	------------

TOTAL PROGRAM EXPENSES	\$610,952,722
------------------------	---------------

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE DIRECTORS IN CONJUNCTION WITH AUDIT FINDINGS FROM THE CPA FIRM. AFTER ALL CHANGES HAVE BEEN MADE AND ALL QUESTIONS ANSWERED, A FINAL DRAFT IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL EMPLOYEES ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM. BOARD MEMBERS ARE REQUIRED TO FILE AN INITIAL CONFLICT OF INTEREST STATEMENT, AND THEN THEREAFTER, ARE REQUIRED TO FILE A CONFLICT OF INTEREST STATEMENT, WHENEVER A CHANGE IN STATUS WOULD CREATE A PRESENT OR POTENTIAL CONFLICT OF INTEREST SITUATION.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST OR OTHER POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTEREST PERSON, HE/SHE SHALL LEAVE THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR EXECUTIVE COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE EXECUTIVE DIRECTOR SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS FOR ANY REGIONAL CENTER STAFF MEMBER. IF THE BOARD OR EXECUTIVE DIRECTOR HAS REASONABLE CAUSE TO BELIEVE A BOARD MEMBER OR EMPLOYEE HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD OR EXECUTIVE DIRECTOR SHALL INFORM THE BOARD MEMBER OR EMPLOYEE OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

Name of the organization **SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.**

Employer identification number
95-3861159

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS, WITH THE INPUT OF INDEPENDENT SALARY SURVEYS. THE TOP MANAGEMENT (LEADERSHIP TEAM) IS DETERMINED BY THE EXECUTIVE DIRECTOR WITH THE INPUT OF OUTSIDE SALARY SURVEYS. THE EXECUTIVE DIRECTOR'S CONTRACT IS REVIEWED AND UP FOR RENEWAL EVERY THREE YEARS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER EMPLOYEES IS THROUGH AN ANNUAL EMPLOYEE REVIEW OR EVALUATION. THE MANAGER SITS DOWN WITH THE EMPLOYEE AND DISCUSSES THE EMPLOYEE'S PERFORMANCE FOR THE PAST YEAR. THE EVALUATION HAS A NUMERICAL SCORE. ANY SCORE BETWEEN 70 AND 100 CAN LEAD TO AN INCREASE IN AN EMPLOYEE'S SALARY. THE INCREASE MUST BE APPROVED BY THE DIRECTOR OF THE EMPLOYEES DEPARTMENT, THE HR DIRECTOR AND THE EXECUTIVE DIRECTOR. THE SALARIES RANGES ARE POSTED ON OUR WEBSITE, WWW.SCLARC.ORG.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FORM 990, FORM 1023 AND THE DETERMINATION LETTER ARE AVAILABLE UPON WRITTEN OR VERBAL REQUEST TO ANYONE WHO INQUIRES TO THE ORGANIZATION. GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICES.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD ADJUSTMENT - FIRST 5 PATHWAY GRANT.....	\$	82,958.
TOTAL	\$	<u>82,958.</u>

PART VI, SECTION A, LINE 1B

PURSUANT TO THE LANTERMAN ACT OF THE STATE OF CALIFORNIA, THE CENTER IS REQUIRED TO APPOINT PERSONS WITH DISABILITIES (CLIENT 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. THE CENTER IS IN COMPLIANCE WITH THIS LAW.

2023

California Exempt Organization
Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 7/01/2023, and ending (mm/dd/yyyy) 6/30/2024.

Corporation/Organization name SOUTH CENTRAL LOS ANGELES REGIONAL CENTER FOR DEV. DISABLED PERSONS, INC.		California corporation number 1174896
Additional information. See instructions.		FEIN 95-3861159
Street address (suite or room) 2500 SOUTH WESTERN AVENUE		PMB no.
City LOS ANGELES	State CA	ZIP code 90018
Foreign country name	Foreign province/state/county	Foreign postal code

A First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$
D Final information return? • <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other	M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? 1 • <input type="checkbox"/> 990T 2 • <input type="checkbox"/> 990-PF 3 • <input type="checkbox"/> Sch H (990) 4 <input checked="" type="checkbox"/> Other 990 series	N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS
H Is this organization in a group exemption? If "Yes," what is the parent's name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input type="checkbox"/>	1	5,321,151.
	2 Gross dues and assessments from members and affiliates. <input type="checkbox"/>	2	
	3 Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. <input type="checkbox"/>	3	631,660,610.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. <input type="checkbox"/>	4	636,981,761.
	5 Cost of goods sold. <input type="checkbox"/>	5	
	6 Cost or other basis, and sales expenses of assets sold. <input type="checkbox"/>	6	
	7 Total costs. Add line 5 and line 6. <input type="checkbox"/>	7	
	8 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	8	636,981,761.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18. <input type="checkbox"/>	9	637,021,947.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>	10	-40,186.
Payments	11 Total payments. <input type="checkbox"/>	11	
	12 Use tax. See General Information K. <input type="checkbox"/>	12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. <input type="checkbox"/>	13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. <input type="checkbox"/>	14	
	15 Penalties and interest. See General Information J. <input type="checkbox"/>	15	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result. <input checked="" type="radio"/>	16	0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer <input type="checkbox"/>	Title EXECUTIVE DIR.	Date
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/>	KRISTEL MAIKRANZ, CPA	Date
	Firm's name (or yours, if self-employed) and address <input type="checkbox"/>	AGT CPAS AND ADVISORS 1726 COURT ST REDDING, CA 96001	Check if self-employed <input type="checkbox"/>
			Telephone (213) 744-7000
			PTIN P01429203
			Firm's FEIN 68-0146027
			Telephone (530) 241-3881
	May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

CAC1112L 01/02/24

Part II Organizations with gross receipts of more than \$50,000 and private foundations
regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	5,321,151.
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	5,321,151.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	9	568,308,663.
	10	Disbursements to or for members.	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	567,786.
	12	Other salaries and wages	12	37,745,519.
	13	Interest	13	
	14	Taxes	14	561,051.
	15	Rents	15	9,925,856.
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	17	19,913,072.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	637,021,947.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		54,862,661.		36,494,814.
2	Net accounts receivable		169,865,888.		183,962,986.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule. STM 4		192,318,855.		178,610,766.
13	Total assets		417,047,404.		399,068,566.
Liabilities and net worth					
14	Accounts payable		57,548,454.		63,951,337.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 5		359,348,919.		334,924,426.
19	Capital stock or principal fund		150,031.		192,803.
20	Paid-in or capital surplus. Attach reconciliation.				
21	Retained earnings or income fund				
22	Total liabilities and net worth		417,047,404.		399,068,566.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	-40,186.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule.		10	Net income per return. Subtract line 9 from line 6.	-40,186.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5.	-40,186.			

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization **SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.**

Employer identification number
95-3861159

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
SOUTH CENTRAL LOS ANGELES REGIONAL	95-3861159

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF DEVELOPMENTAL SERVICE 1600 9TH STREET, STE 205 SACRAMENTO, CA 95814	\$ 631,800,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CA DEPARTMENT OF EDUCATION 1430 N STREET, ROOM 2401 SACRAMENTO, CA 95814	\$ 162,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PARTNERS FOR CHILDREN SOUTH LA 808 W. 58TH STREET LOS ANGELES, CA 90037	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VISION DE GUERREROS 2500 SOUTH WESTERN AVENUE LOS ANGELES, CA 90018	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHILDREN AND FAMILIES FIRST 5 750 NORTH ALAMEDA ST, STE 300 LOS ANGELES, CA 90012	\$ 32,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOUTH CENTRAL LOS ANGELES REGIONAL

Employer identification number

95-3861159

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

OTHER INCOME.....	\$ 3,406,858.
OTHER INVESTMENT INCOME.....	638,839.
PROGRAM SERVICE REVENUE.....	1,275,454.
TOTAL	<u>\$ 5,321,151.</u>

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	OUT OF HOME	
DONEE'S NAME - IND	CA DEPT OF DEV SVC	
CASH AND NONCASH AMOUNT:		\$145,086,834.
 CLASS OF ACTIVITY:	 DAY PROGRAMS	
DONEE'S NAME - IND	CA DEPT OF DEV SVC	
CASH AND NONCASH AMOUNT:		65,529,337.
 CLASS OF ACTIVITY:	 TRANSPORTATION SERVICES	
DONEE'S NAME - IND	CA DEPT OF DEV SVC	
CASH AND NONCASH AMOUNT:		25,107,395.
 CLASS OF ACTIVITY:	 OTHER PURCHASED SERVICES	
DONEE'S NAME - IND	CA DEPT OF DEV SVC	
CASH AND NONCASH AMOUNT:		332,585,097.
TOTAL		<u>\$568,308,663.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 80,000.
COMMUNICATIONS.....	657,642.
DUES.....	92,526.
EQUIPEMENT PURCHASES.....	350,912.
EQUIPMENT MAINTENANCE.....	145,836.
EQUIPMENT RENTAL.....	23,502.
FACILITY MAINTENANCE.....	323,898.
INFORMATION TECHNOLOGY.....	1,748,953.
INSURANCE.....	698,477.
LEGAL FEES.....	537,188.
OFFICE EXPENSES.....	3,687,971.
OTHER EMPLOYEE BENEFIT.....	10,274,560.
OTHER FEES.....	742,323.
POSTAGE AND SHIPPING.....	146,179.
PRINTING AND PUBLICATIONS.....	76,232.
TRAVEL.....	326,873.
TOTAL	<u>\$19,913,072.</u>

2023

CALIFORNIA STATEMENTS
SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.

PAGE 2

95-3861159

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

DUE FROM STATE - LEASES.....	5,740,136.
DUE FROM STATE - UNFUNDED BENEFIT PLAN.....	26,844,700.
DUE FROM STATE- ACCRUED VACATION & OTHE.....	2,467,517.
OPERATING LEASE RIGHT OF USE ASSET.....	143,269,263.
PREPAID EXPENSES AND DEFERRED CHARGES.....	289,150.
TOTAL	<u>\$ 178,610,766.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

ACCRUED LIABILITIES.....	4,503,233.
ACCRUED VACATION & OTHER LEAVE BENEFITS.....	2,467,517.
ADVANCE - STATE REGIONAL CENTER CONTRACT.....	149,145,805.
ESCROW ACCOUNT LIABILITY.....	2,953,772.
OPERATING LEASE LIABILITY - CURRENT.....	1,883,908.
OPERATING LEASE LIABILITY - LONG-TERM.....	147,125,491.
PENSION BENEFIT OBLIGATIONS.....	26,844,700.
TOTAL	<u>\$ 334,924,426.</u>

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470STREET ADDRESS:
1300 I Street
Sacramento, CA 95814WEBSITE ADDRESS:
www.oag.ca.gov/charities

(For Registry Use Only)

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER FOR DEV. DISABLED PERSONS, INC.

Name of Organization

List all DBAs and names the organization uses or has used

2500 SOUTH WESTERN AVENUE

Address (Number and Street)

LOS ANGELES, CA 90018

City or Town, State, and ZIP Code

(213) 744-7000

Telephone Number

DEXTERH@SCLARC.ORG

Email Address

Check if:

☐ Change of address☐ Amended report☐ Organization requests email notifications

State Charity Registration Number CT052638

Corporation or Organization No. 1174896

Federal Employer ID No. 95-3861159

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIESFor your most recent full accounting period (beginning 7/01/23 ending 6/30/24) list:

Total Revenue \$

(including noncash contributions)

636,981,761.

Noncash Contributions \$

0.

Total Assets \$

399,068,566.Program Expenses \$ 610,952,722.Total Expenses \$ 637,021,947.**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? SEE STATEMENT 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

DEXTER A. HENDERSON

EXECUTIVE DIR.

Signature of Authorized Agent

Printed Name

Title

Date

STATEMENT 1
FORM RRF-1, PART B, LINE 1
FINANCIAL TRANSACTIONS

SALARIES AND WAGES WERE PAID TO THE CFO AND EXECUTIVE DIRECTOR WHO MEET THE DEFINITION OF "OFFICER" ON THE 990 PART VII.

STATEMENT 2
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 9TH STREET SUITE 205
SACRAMENTO, CA 95814

CA DEPARTMENT OF EDUCATION
1430 N STREET, ROOM 2401
SACRAMENTO, CA 95814

STATEMENT 3
FORM RRF-1, PART B, LINE 8
AUDITED FINANCIAL STATEMENTS

THE REGIONAL CENTER RECEIVED AN INDEPENDENT AUDIT OF THEIR OWN 6/30/24 FINANCIAL STATEMENTS.



South Central Los Angeles Regional Center
Statement of Financial Position
as of January 2025

	A	B	C	D
1				
2	ASSETS	2025	2024	Net Change
3				
4	Cash and Cash Equivalents	\$ 84,363,895	\$ 49,109,435	\$ 35,254,460
5				
6	State Receivable	141,517,142	265,341,184	(123,824,042)
7	Due from Client Trust	1,652,166	1,514,467	137,699
8	Due from Grants	17,328	243,156	(225,828)
9	Other Receivables	1,455,930	1,562,487	(106,557)
10	Total Receivables	144,642,567	268,661,294	(124,018,727)
11				
12	Prepaid Expenses	519,955	127,552	392,403
13	Total Current Assets	229,526,418	317,898,281	(88,371,863)
14				
15	State Equipment	1,185,779	678,081	507,697
16	Less: Allowance for State Equipment	(1,185,779)	(678,081)	(507,697)
17		-	-	
18				
19	Cash in Bank - Grant Funds	-	-	-
20	Less: Restricted Grant Funds	-	-	-
21		-	-	
22	Deferred Charges	157,872	157,872	-
23				
24	TOTAL ASSETS	\$ 229,684,289	\$ 318,056,154	\$ (88,371,864)
25				
26				
27	LIABILITIES			
28	Accounts Payable	\$ 44,797,182	\$ 42,396,991	\$ 2,400,191
	Payroll & Payroll Taxes Payables	-	1,073,594	\$ (1,073,594)
29	Other Payables	-	17,203	(17,203)
30	Benefits Payable	-	157,163	(157,163)
31	Total Accounts Payable	44,797,182	43,644,951	1,152,231
32				
33	Due to State	184,887,108	274,411,203	(89,524,095)
34				
35				
36	TOTAL LIABILITIES	\$ 229,684,289	\$ 318,056,154	\$ (88,371,864)

Enter Number of Months Claimed 4 for Dec 10th report, once 12 is reached leave at 12)	7
Date of POS Payments Cut-Off:	January 31, 2025

REPORT DATE: March 10, 2025

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER

POS EXPENDITURE PROJECTION (PEP) SUMMARY

Fiscal Year 2024-2025

Actual Expenditures through January

NON-CPP EXPENDITURES (Regular POS Monthly Claims)

	CURRENT MONTH	Enter Prior Month	CHANGES
	High Estimate	High Estimate	High Estimate
Estimated Cost of Current Services	\$591,011,933	\$574,713,691	16,298,242
Estimated Growth	\$5,604,465	\$7,616,322	(2,011,857)
Enter Other Items as necessary, which are not part of the YTD or estimated expenditures which may include but are not limited to:			
1. Deduct estimated receipts from ICFs for SPA services.	(\$1,289,799)	(\$1,289,799)	\$0
2. SSI/SSP Restoration (Not Yet Paid)	\$108,500	\$225,872	(\$117,372)
3. Vendor Rate Increase effective 1/1/25	\$22,500,000	\$36,000,000	(\$13,500,000)
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL ESTIMATED EXPENDITURES	\$617,935,099	\$617,266,086	\$669,013

SCLARC

A Preliminary A-2 Allocations

Description	Allocation Name	Allocation Amount	Sub-Totals	Explanations
Operations	Prelim A	41,632,004		Allocation for general operations - personnel, rent, supplies, etc.
ABX2 (Managed Care Organization)	Prelim A	2,052,850		allocation to increase RC's staffing, benefits, and administrative expenses -appropriated in Statutes of 2016
Administrative Cost	Prelim A	93,172		Allocation for general operations - personnel, rent, supplies, etc.
Improve Service Coordinator Caseload Ratios	Prelim A	962,640		Allocation to hire additional Service coordinators to improve caseload ratios-- approved in 2016 Budget Act
Resources to Implement ABX2 1	Prelim A	99,143		ABX2 1 Employment Specialist Salary
Resources to Implement ABX2 1	Prelim A	99,143		ABX2 1 Cultural Specialist Salary
Compliance with HCBS Regulations	Prelim A	67,714	45,006,666	1:62; performing quarterly face-to face visits with Consumers living out of the home, monitoring health
Facility Rent/Utilities/maintenance	A-1	7,248,907		Facilities Rent, allowable utilities and maintenance
Projects- IT Hardware/Software	A-1	10,488		IT Hardware/Software, Increased access to Mental Health Svcs
Nursing Home Reform	A-1	20,017		New Allocation based on total actual expenditures from 7/22 - 6/23
Federal Medicaid Requirement RC's HCBS	A-1	40,571		New Allocation based on active vendors in FY22-23 by RC's of \$100k or less, excluding SC 065,400,655,& 660
BHT Psych Evaluation for FFS Consumers	A-1	46,471		consumers under 21 yrs. old with or without Autism Spectrum Disorder
Family Home Agency Oversight	A-1	50,262		RC expansion of oversight efforts - DDS allocated 50% of the funds
Forensic Diversion	A-1	53,400		Allocated based on RC share of incarcerated consumers
Certified START Network Fee	A-1	55,000		
Staff Collection of FFP Contracted Services	A-1	84,343		New Allocation for one Community Program Specialist I and one Account Clerk II (each RC received this funding)
SDP Regional Operations/ Salary	A-1	86,571		Support to assist with the implementation of SDP. The funds \$1.575,840 were divided equally between 21 RC's
Disparities within the Developmental Svc System	A-1	106,714		Allocation for one position for each RC
SDP Participant Supports	A-1	115,314		into the SDP. Funds were allocated to each RC proportionate to participants in their programs
Emergency Coordinators (Policy in contract)	A-1	119,048		pandemics, active shooter, earth quakes, etc. allocated 100% of funds
DC Closure Ongoing Workload	A-1	122,526		OPS CPP/CRDP - Allocated based on Department Approvals- Ongoing DC closure
UFS Cerms	A-1	126,905		Allocation for one Research Data Specialist I and Research Data Specialist II
Early Start Part C (Early Start) to Part B (Special Education) Transition	A-1	150,809		and support SC's in guiding families from Early Start to Special Education services
Performance Incentives- Implementation Resources	A-1	176,257		One position at \$118k and balance was a pro-rata share
Family Resource Center	A-1	200,032		Funds to support the Family Resource Center
Specialized Deaf Service Coordinator (Policy in contract)	A-1	213,333		One SC position to provide additional resources to support individuals who are deaf
Trauma Informed Services for Foster Youth	A-1	213,333		Serve DDS consumers in foster care-- the funding for 2 years only FY20 and FY21
Oversight and Accountability	A-1	214,455		Funds for a position to implement the rate adjustments an increase RC transparency and accountability
Targeted Case Management Operation cost for TCM Activities	A-1	220,544		New Targeted Case Management - allocation based on the total actual billable units from 11/22 - 4/23
Specialized Home monitoring -(Policy in contract)	A-1	305,815		Required monitoring provided by a licensed nurse/behavior specialist with a 1:4 ratio
CPP Ops Regular CPP/CRDP	A-1	305,868		OPS CPP/CRDP - Allocated based on Department Approvals
Compliance with Federal HCBS Requirements	A-1	366,989		Funding supports: maintaining avg SC caseload ratios 1:62; performing quarterly face-to face
Service Rate Reform Rate Acceleration	A-1	415,304		Allocated based on RC's pro-rata share of consumers in Status 1 & 2 Client Master File
HCBS- Compliance with HCBS Regulations	A-1	452,944		and sustain alignment with federal requirements necessary to receive federal funding for HCBS -
Early Start Eligibility	A-1	568,819		services from 33% delay to 25% delay- taking into account fetal alcohol syndrome, and separating

SCLARC

A Preliminary A-2 Allocations

Description	Allocation Name	Allocation Amount	Sub-Totals	Explanations
Rate Reform Implementation (not in contract)	A-1	607,434		Three positions to support the rate reform increase allocated 60% of funds
Enhanced Service Coordinators (1:40)	A-1	708,429		Five SC positions to support consumers with low or no POS services, allocated 100% of funds
HCBS- Increase Case Managers to Meet HCBS Waiver Requirements	A-1	739,334		Allocation based on Consumer enrolled on the HCBS waiver from 7/22 - 6/23
Language Access and Cultural Competency	A-1	745,884		Allocated based on RC's Plans
Specialized Caseload Ratio (1:25)	A-1	1,154,480		pro-rata share of consumers in Status 2 as of the June 2021 client master file report. Consumers have complex
HCBS- HCBS Waiver Operations Costs	A-1	1,179,664		Allocated per Department guidelines
Lanterman Act Provisional Eligibility ages 3 & 4 (not in contract)	A-1	2,921,350		delayed diagnosis and gap in services, due to the pandemic, creating long-term impacts increasing the
Performance Incentives Reduced Caseload Ratios (not in contract)	A-1	5,721,567		Reduction of RC caseload reductions, incentive RC to meet performance standards
Reduced Caseload Ratio for Children through Age 5	A-1	10,393,275	34,523,198	participation in IEP mtgs, access generic resources, increased family visits, etc. Funds are for SC's and PM
Health and Safety Waiver Assistance	A-2	291,620		1 position per RC and the remaining ball based on share of non-English speaking consumers
CPP/CRDP	A-2	305,868		Based on Department Approvals
DC Closure Ongoing Workload	A-2	122,526	720,014	OPS CPP/CRDP - Allocated based on Department Approvals- Ongoing DC closure
Total Operation Allocation Through A-2		80,249,878		
Non-CPP Purchase of Services Allocation	A Prelim	475,989,535	475,989,535	Allocation to provide POS --Out of home, day programs, transportation, respite, other
Non-CPP Purchase of Services Allocation	A-1	108,231,885		Allocation to provide POS --Out of home, day programs, transportation, respite, other
Part C	A-1	1,503,512		Initial Allocation
Service Rate Reform Rate Acceleration	A-1	57,217,016		Rate reform funds
Competitive Integrated Employment Incentives (CIE)	A-1	231,850		ABX2 1 Competitive Integrated Employment Incentives (CIE)
Paid Internship Program (PIP)	A-1	261,761		ABX2 1 Paid Internship Program (PIP)
CPP POS	A-1	1,621,734	169,067,758	Community Placement Program POS
POS Base	A-2	77,633,922		Base allocation non-CPP includes full implementation of rate reform
HCBSW Compliance	A-2	733,186		Based on department approvals to strengthen service provider compliance
CPP/CRDP	A-2	798,474	79,165,582	Based on Department approvals of RC plan
Total POS Allocation Prelim - A-2		724,222,875		
Total Ops and POS Allocation Prelim - A-2		804,472,753		



PETE CERVINKA
DIRECTOR

State of California—Health and Human Services Agency
Department of Developmental Services
1215 O Street, Sacramento, CA 95814
www.dds.ca.gov



GAVIN NEWSOM
GOVERNOR

March 13, 2025

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: A-2 ALLOCATION FOR FISCAL YEAR 2024-25

Enclosed is information regarding the allocation amounts to be included in the Fiscal Year 2024-25, A-2 Contract Amendment that your regional center will receive within the next few days.

If you have any questions regarding the Community Placement Plan (CPP) allocation, please contact Angela Munoz, Assistant Deputy Director, Office of Community Development, at Angela.Munoz@dds.ca.gov or (916) 651-6577.

If you have any questions regarding this allocation, please contact Darla Keys, Manager, Budget Section, Allocations at Darla.Keys@dds.ca.gov or (916) 654-2255.

Sincerely,

Original Signed by:

STEVEN PAVLOV
Chief Financial Officer

Enclosures

cc: Regional Center Controllers
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Directors of Community Services
Amy Westling, Association of Regional Center Agencies
Vivian Umenei, Association of Regional Center Agencies
Pete Cervinka, Department of Developmental Services
Michi Gates, Department of Developmental Services
Carla Castañeda, Department of Developmental Services

Explanation of Items Allocated for FY 2024-25 A-2 Amendment

Operations (Ops)

Facility Rent: Allocation based on regional centers' requests, discussions with regional centers and approvals by the Department.

Foster Grandparents/Senior Companion Program: Allocation based on volunteer service years as agreed upon with regional centers.

Miscellaneous: Allocation based on agreements with specific regional centers.

Community Placement Plan/Community Resource Development Plan (CPP/CRDP), DC Closure/Ongoing Workload: Allocation based on Department approvals.

Policy Items

Service Access & Equity Grant (SAE): Allocation based on Department approvals.

Health and Safety Assistance: Allocation based on 1 position per RC, and the remaining balance based on each RC's proportionate share of Active Non-English-Speaking Consumers in FY 23/24.

Specialized Home Monitoring: Allocation based on each regional center's monitoring of completed and in progress ARFPSHNs, GHCSHNs, EBSHs and CCHs at a 1:4 (Nurse or Behavioral Specialist to Home) ratio.

Purchase of Services (POS)

Base Allocation: Allocation based on each regional center's pro-rata share of Non-CPP POS claims year-to-date as of December 2024 and accounting for full implementation of service provider rate models January 1, 2025.

Community Placement Plan/Community Resource Development Plan (CPP/CRDP): Allocation based on Department approvals.

Policy Items

HCBSW Compliance: Allocation based on Department-approved proposals to strengthen service provider compliance.

Fiscal Year 2024-25 A-2 Allocation
Operations (Ops) Summary
(Whole Dollars)

	Rent -	FGP +Sr. Compan General Fund 0001	FGP + Sr. Compan Federal Fund 0890	Total Foster Grandparent / Sr. Companion Program	Miscellaneous	Policy (see pg. 2)	Sub-Total Non-CPP Operations Allocation	Total OPS CPP/CRDP & Ongoing Workload (see pg. 3)	Grand Total A-2 OPS Allocation
Regional Center									
Alta California	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186,553	\$ 186,553	\$ 541,899	\$ 728,452
Central Valley	\$ -	\$ (2,798)	\$ 37,143	\$ 34,345	\$ -	\$ 486,732	\$ 521,077	\$ 576,288	\$ 1,097,365
East Bay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 249,556	\$ 249,556	\$ 1,203,494	\$ 1,453,050
Eastern L.A.	\$ 289,047	\$ -	\$ -	\$ -	\$ -	\$ 187,294	\$ 476,341	\$ 576,251	\$ 1,052,592
Far Northern	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 133,185	\$ 133,185	\$ 249,275	\$ 382,460
L.A.Cnty/Frank Lanterman	\$ 452,333	\$ -	\$ -	\$ -	\$ -	\$ 241,524	\$ 693,857	\$ 307,784	\$ 1,001,641
Golden Gate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 185,070	\$ 185,070	\$ 1,249,189	\$ 1,434,259
Harbor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 178,399	\$ 178,399	\$ 243,357	\$ 421,756
Inland	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 293,288	\$ 293,288	\$ 575,660	\$ 868,948
Kern	\$ 523,599	\$ 1,760	\$ -	\$ 1,760	\$ -	\$ 435,583	\$ 960,942	\$ 640,309	\$ 1,601,251
North Bay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 197,093	\$ 197,093	\$ 672,897	\$ 869,990
North L.A.	\$ -	\$ -	\$ -	\$ -	\$ 100,000	\$ 277,722	\$ 377,722	\$ 498,815	\$ 876,537
Orange	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 231,953	\$ 231,953	\$ 139,326	\$ 371,279
Redwood Coast	\$ 50,840	\$ -	\$ -	\$ -	\$ -	\$ 129,294	\$ 180,134	\$ 386,533	\$ 566,667
San Andreas	\$ -	\$ 9,773	\$ -	\$ 9,773	\$ -	\$ 247,333	\$ 257,106	\$ 423,020	\$ 680,126
San Diego	\$ -	\$ -	\$ -	\$ -	\$ 350,000	\$ 364,769	\$ 714,769	\$ 963,293	\$ 1,678,062
San Gabriel/Pomona	\$ -	\$ 6,142	\$ -	\$ 6,142	\$ -	\$ 203,601	\$ 209,743	\$ 758,312	\$ 968,055
South Central L.A.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 291,620	\$ 291,620	\$ 428,394	\$ 720,014
Tri-Counties	\$ -	\$ -	\$ (37,143)	\$ (37,143)	\$ -	\$ 167,531	\$ 130,388	\$ 681,706	\$ 812,094
Valley Mountain	\$ 724,439	\$ 5,600	\$ -	\$ 5,600	\$ -	\$ 191,370	\$ 921,409	\$ 266,721	\$ 1,188,130
Coastal/Westside	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 609,498	\$ 609,498	\$ 387,544	\$ 997,042
Total	\$ 2,040,258	\$ 20,477	\$ -	\$ 20,477	\$ 450,000	\$ 5,488,968	\$ 7,999,703	\$ 11,770,067	\$ 19,769,770

Fiscal Year 2024-25 A-2 Allocation
OPS Policy Summary
(Whole Dollars)

	Service Access & Equity Grant (SAE)	Health and Safety Waiver Assistance	Specialized Home Monitoring	Total OPS Policy
Regional Center				
Alta California	\$ -	\$ 186,553	\$ -	\$ 186,553
Central Valley	\$ 217,000	\$ 232,879	\$ 36,853	\$ 486,732
East Bay	\$ -	\$ 249,556	\$ -	\$ 249,556
Eastern L.A.	\$ -	\$ 187,294	\$ -	\$ 187,294
Far Northern	\$ -	\$ 133,185	\$ -	\$ 133,185
L.A.Cnty/Frank Lanterman	\$ -	\$ 201,007	\$ 40,517	\$ 241,524
Golden Gate	\$ -	\$ 185,070	\$ -	\$ 185,070
Harbor	\$ -	\$ 178,399	\$ -	\$ 178,399
Inland	\$ -	\$ 293,288	\$ -	\$ 293,288
Kern	\$ 152,000	\$ 173,025	\$ 110,558	\$ 435,583
North Bay	\$ -	\$ 160,240	\$ 36,853	\$ 197,093
North L.A.	\$ -	\$ 277,722	\$ -	\$ 277,722
Orange	\$ -	\$ 231,953	\$ -	\$ 231,953
Redwood Coast	\$ -	\$ 129,294	\$ -	\$ 129,294
San Andreas	\$ -	\$ 247,333	\$ -	\$ 247,333
San Diego	\$ -	\$ 291,064	\$ 73,705	\$ 364,769
San Gabriel/Pomona	\$ -	\$ 203,601	\$ -	\$ 203,601
South Central L.A.	\$ -	\$ 291,620	\$ -	\$ 291,620
Tri-Counties	\$ -	\$ 208,049	\$ (40,518)	\$ 167,531
Valley Mountain	\$ -	\$ 191,370	\$ -	\$ 191,370
Coastal/Westside	\$ 450,000	\$ 159,498	\$ -	\$ 609,498
Total	\$ 819,000	\$ 4,412,000	\$ 257,968	\$ 5,488,968

Fiscal Year 2024-25 A-2 Allocation
**Community Placement Plan (CPP) and Community Resource
 Development Plan (CRDP) OPS CPP/CRDP Summary**

(Whole Dollars)

Regional Center	Regular CPP	Non-CPP	Total A-2 Ops CPP/CRDP & Ongoing Workload
	CPP/CRDP Regular Ops	DC Closure/ Ongoing Workload	
Alta California	\$ 335,686	\$ 206,213	\$ 541,899
Central Valley	\$ 394,772	\$ 181,516	\$ 576,288
East Bay	\$ 739,688	\$ 463,806	\$ 1,203,494
Eastern L.A.	\$ 394,328	\$ 181,923	\$ 576,251
Far Northern	\$ 174,129	\$ 75,146	\$ 249,275
L.A. County/Frank Lanterman	\$ 161,029	\$ 146,755	\$ 307,784
Golden Gate	\$ 672,228	\$ 576,961	\$ 1,249,189
Harbor	\$ 185,107	\$ 58,250	\$ 243,357
Inland	\$ 462,985	\$ 112,675	\$ 575,660
Kern	\$ 551,181	\$ 89,128	\$ 640,309
North Bay	\$ 359,940	\$ 312,957	\$ 672,897
North L.A.	\$ 287,675	\$ 211,140	\$ 498,815
Orange	\$ -	\$ 139,326	\$ 139,326
Redwood Coast	\$ 386,533	\$ -	\$ 386,533
San Andreas	\$ 75,910	\$ 347,110	\$ 423,020
San Diego	\$ 784,505	\$ 178,788	\$ 963,293
San Gabriel/Pomona	\$ 432,104	\$ 326,208	\$ 758,312
South Central L.A.	\$ 305,868	\$ 122,526	\$ 428,394
Tri-Counties	\$ 417,066	\$ 264,640	\$ 681,706
Valley Mountain	\$ 228,541	\$ 38,180	\$ 266,721
Coastal/Westside	\$ 243,164	\$ 144,380	\$ 387,544
Total	\$ 7,592,439	\$ 4,177,628	\$ 11,770,067

Fiscal Year 2024-25 A-2 Allocation
Purchase of Services (POS) Summary
 (Whole Dollars)

	Base	HCBSW Compliance	Sub-Total Policy Non-CPP	Total CPP/CRDP (see pg. 2)	Grand Total A-2 POS Allocation
Regional Center					
Alta California	\$ 54,635,028	\$ 892,020	\$ 55,527,048	\$ 2,875,000	\$ 58,402,048
Central Valley	\$ 54,525,383	\$ 814,842	\$ 55,340,225	\$ 1,250,000	\$ 56,590,225
East Bay	\$ 54,357,938	\$ 845,055	\$ 55,202,993	\$ 1,723,660	\$ 56,926,653
Eastern L.A.	\$ 25,298,196	\$ 578,229	\$ 25,876,425	\$ 400,000	\$ 26,276,425
Far Northern	\$ 12,890,032	\$ 566,675	\$ 13,456,707	\$ 1,704,000	\$ 15,160,707
L.A.Cnty/Frank Lanterman	\$ 43,026,775	\$ 563,140	\$ 43,589,915	\$ 1,625,000	\$ 45,214,915
Golden Gate	\$ 56,982,743	\$ 620,034	\$ 57,602,777	\$ 521,264	\$ 58,124,041
Harbor	\$ 78,190,269	\$ 675,401	\$ 78,865,670	\$ 550,000	\$ 79,415,670
Inland	\$ 142,058,484	\$ 1,175,109	\$ 143,233,593	\$ 4,350,250	\$ 147,583,843
Kern	\$ 18,450,085	\$ 567,088	\$ 19,017,173	\$ 2,171,000	\$ 21,188,173
North Bay	\$ 21,135,553	\$ 589,615	\$ 21,725,168	\$ 1,666,620	\$ 23,391,788
North L.A.	\$ 30,924,038	\$ 826,792	\$ 31,750,830	\$ 2,860,000	\$ 34,610,830
Orange	\$ 14,697,542	\$ 810,960	\$ 15,508,502	\$ 2,586,954	\$ 18,095,456
Redwood Coast	\$ 11,138,946	\$ 432,287	\$ 11,571,233	\$ 1,675,000	\$ 13,246,233
San Andreas	\$ 29,147,037	\$ 739,658	\$ 29,886,695	\$ 1,400,000	\$ 31,286,695
San Diego	\$ 78,187,898	\$ 1,012,252	\$ 79,200,150	\$ 4,200,000	\$ 83,400,150
San Gabriel/Pomona	\$ 31,206,171	\$ 658,108	\$ 31,864,279	\$ 1,370,741	\$ 33,235,020
South Central L.A.	\$ 77,633,922	\$ 733,186	\$ 78,367,108	\$ 798,474	\$ 79,165,582
Tri-Counties	\$ 78,181,551	\$ 670,195	\$ 78,851,746	\$ 1,400,000	\$ 80,251,746
Valley Mountain	\$ 50,751,846	\$ 673,929	\$ 51,425,775	\$ 2,327,489	\$ 53,753,264
Coastal/Westside	\$ 83,770,413	\$ 555,425	\$ 84,325,838	\$ 575,000	\$ 84,900,838
Total	\$ 1,047,189,850	\$ 15,000,000	\$ 1,062,189,850	\$ 38,030,452	\$ 1,100,220,302

Person-Centered Thinking

The Donut Sort

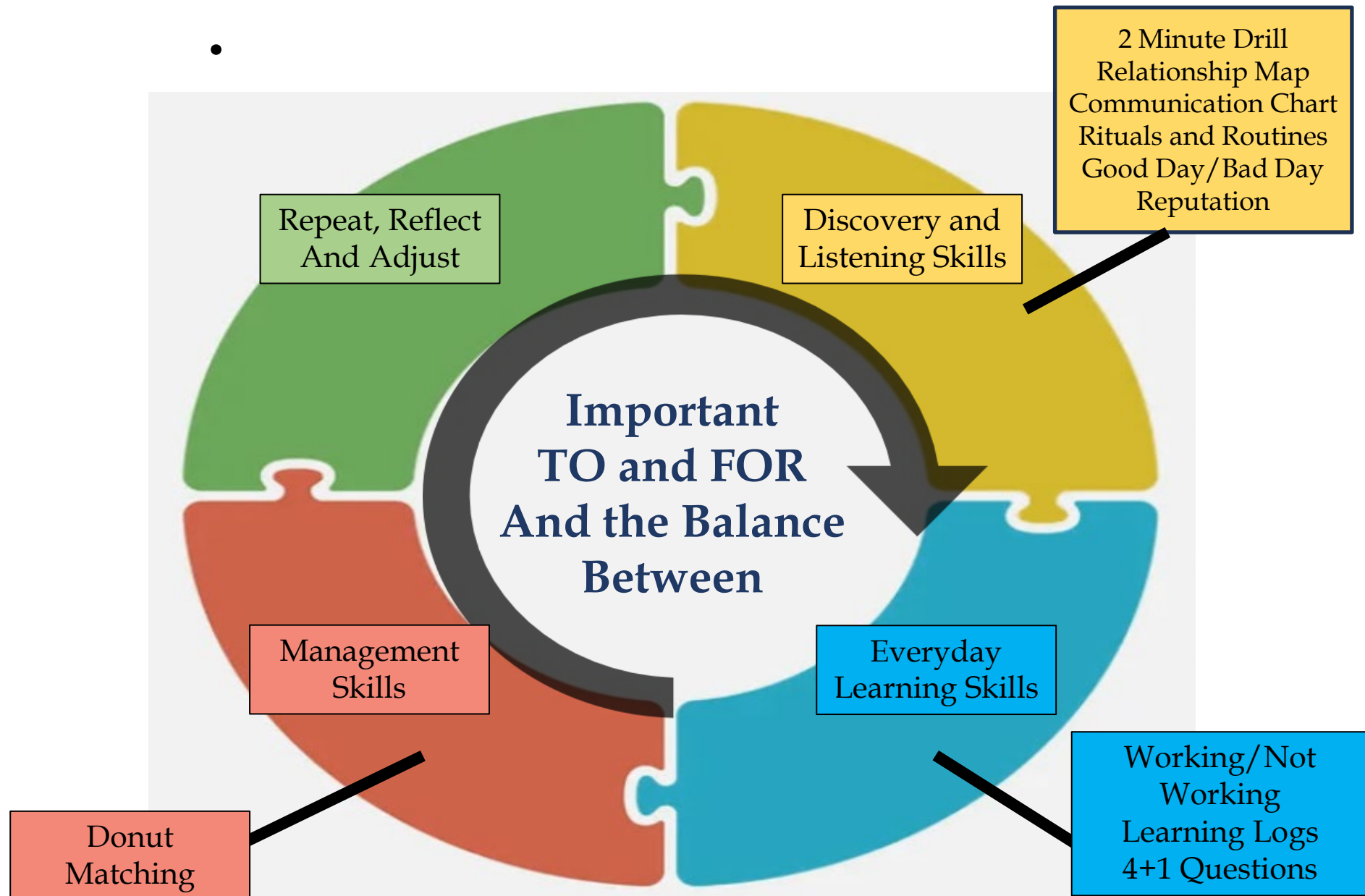
A Management Skill Presented by
Pamela Colvin-Lee, PCT Trainer

SCLARC

Purpose of the Training

Learn how to:

1. Enhance our skills to better support people
2. Organize the information that you've learned so that it is easily share it with others and continue that support



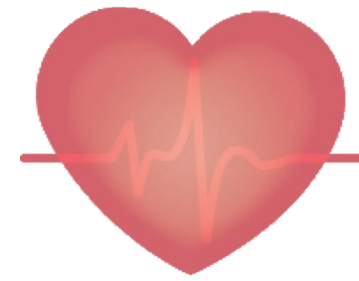
Important TO

What is important TO a person includes those things in life which help us to be satisfied, content, comforted, fulfilled, and happy.

It includes:

- People to be with/relationships
- Culture & Identity
- Purpose and Meaning
- Status and control
- Things to do and Places to go
- Rituals or routines
- Rhythm or pace of life
- Things to have

Important FOR:



Health

- Prevention of illness
- Treatment of illness/medical conditions
- Promotion of wellness (e.g.: diet, exercise)

Safety

- Environment
- Well-being (physical and emotional)
- Free from Fear

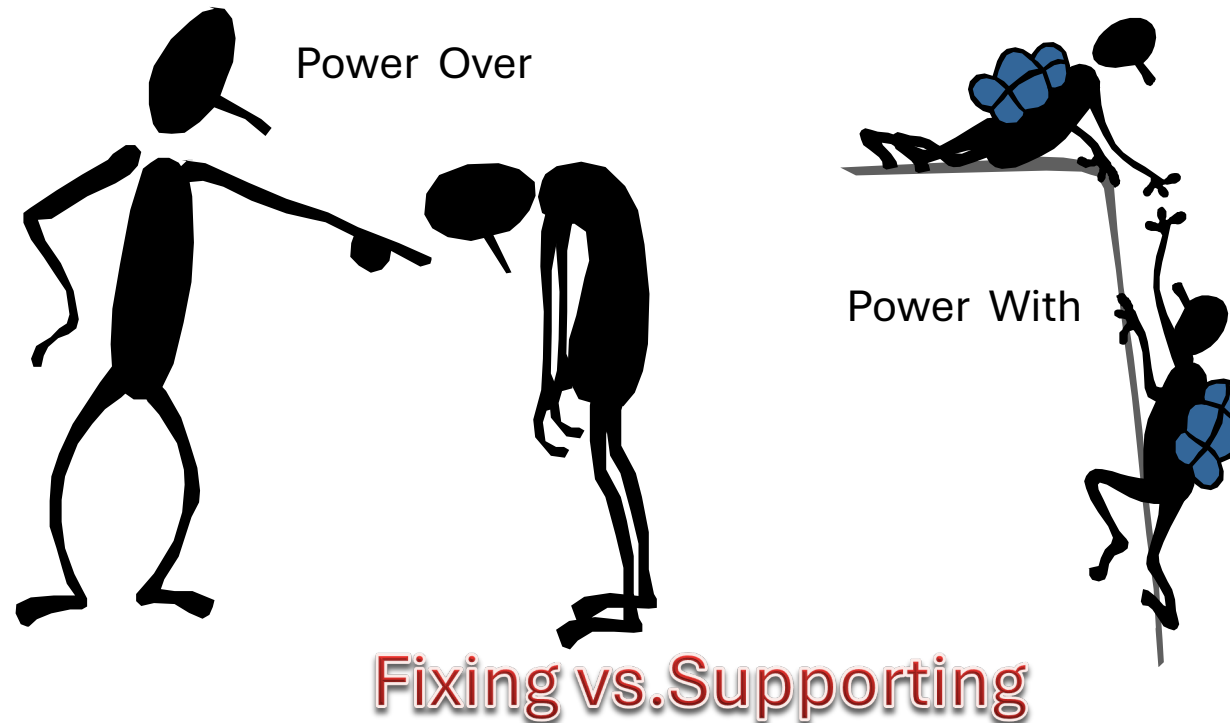
Valued

- Be valued
- Be a contributing member of their communities

Balance



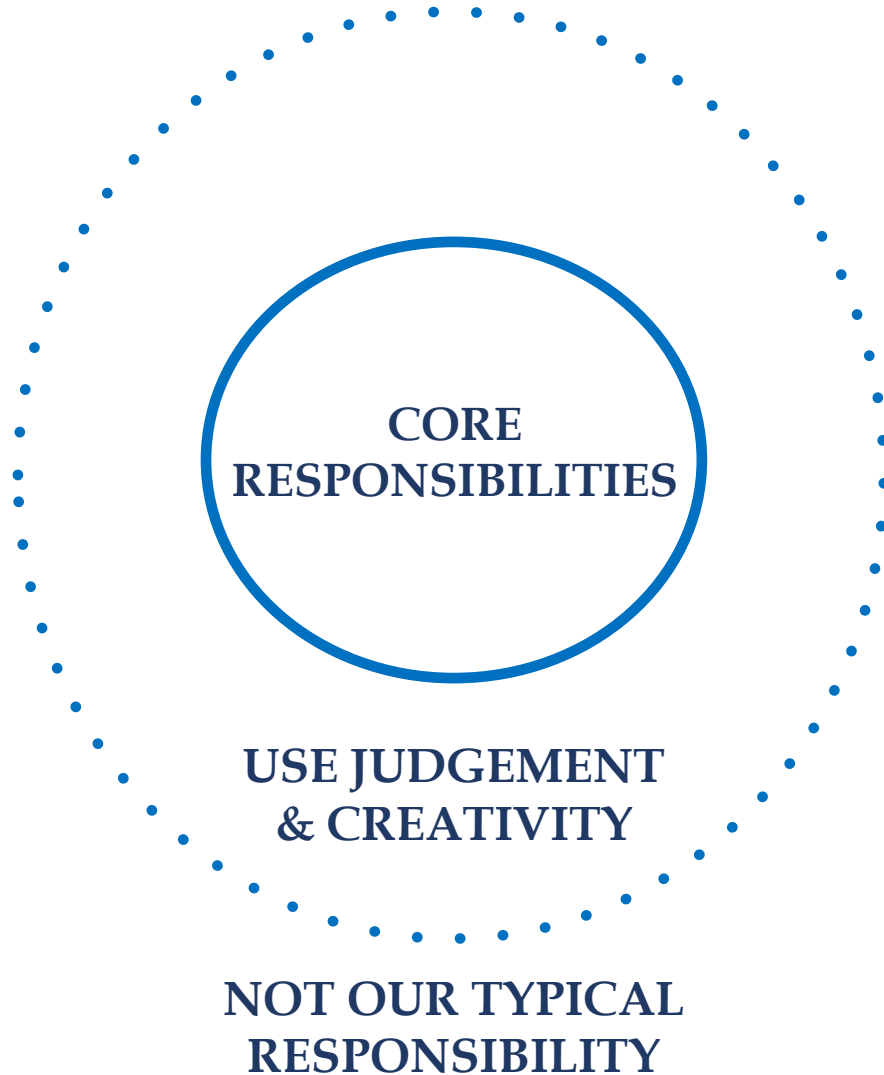
What's our role for those we support



The Donut Sort

Management Skills

(Defining Responsibilities within a Role)



Core Responsibilities

- If you get this support wrong, you'll regret it
- If NOT done or not done correctly, there should be a conversation about that
- You must make an effort to do it as directed

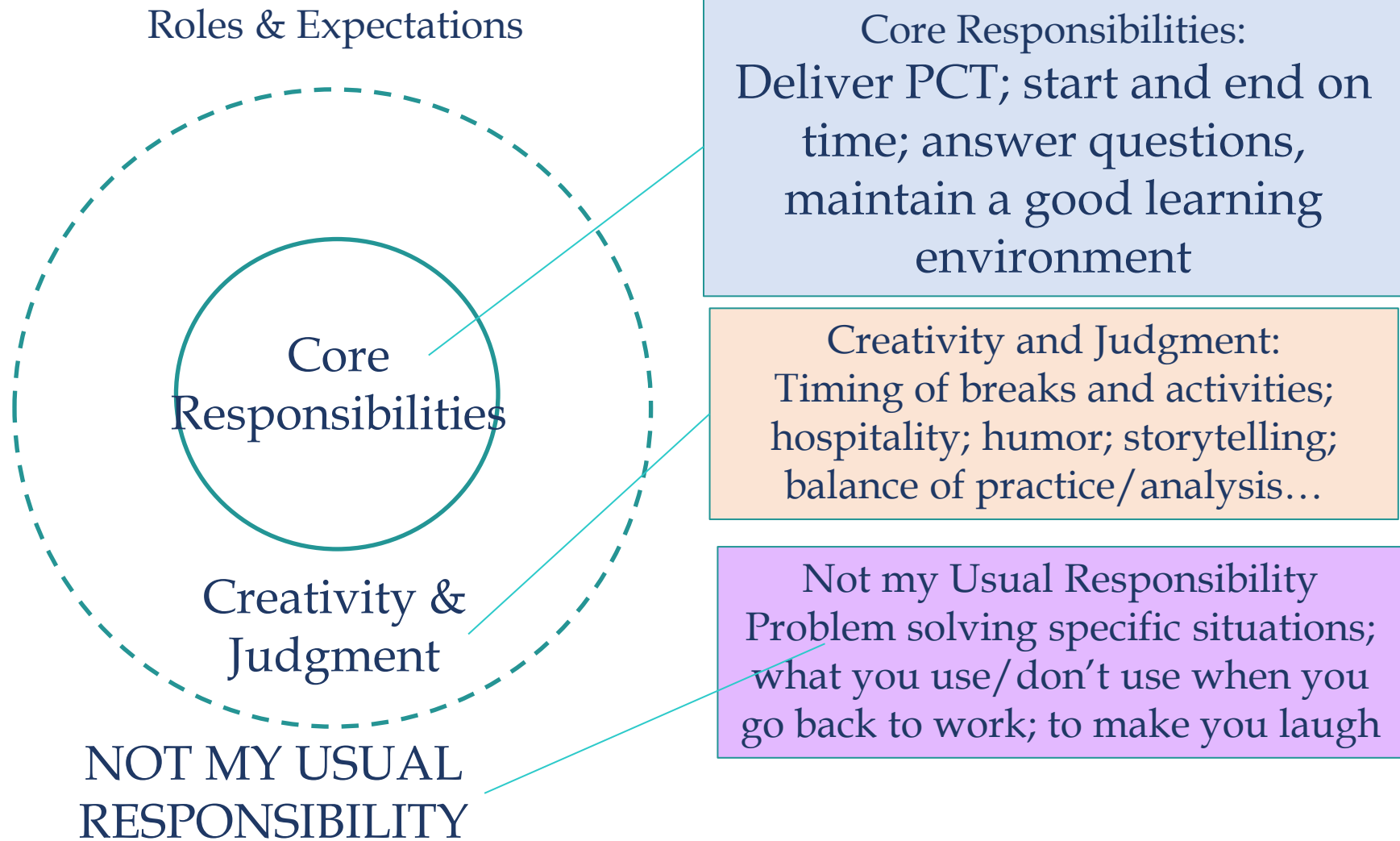
Judgement and Creativity

- There is a big opportunity/expectation for learning
- Expectation is that people use their best judgment and their best creativity in the moment
- Some things tried will work. Some things tried will not work. The focus is to keep learning

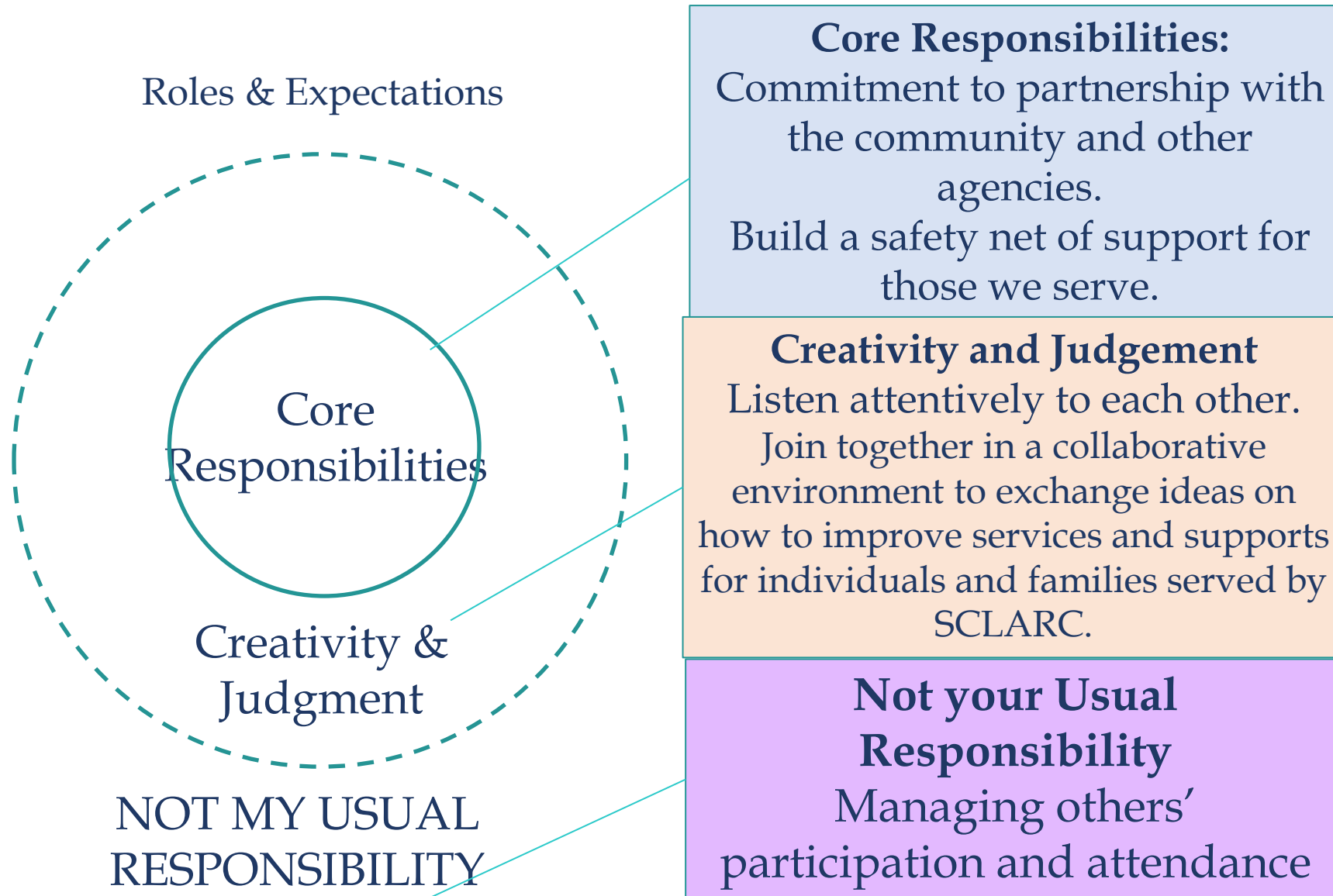
Not Our Typical Responsibility

- Is outside the usual boundaries of the role
- Is not 'ours' to do
- Can be things that we are to 'stay out of'
- MAY be impacted by relationship and trust levels

As a PCT Trainer:



SCLARC Board Member Core Responsibilities : How did YOU do?



THANK YOU for your participation

We are part of a community of learners.

Contact:

Pamela Colvin-Lee
Pamelac@sclarc.org
213 744-8851



South Central Los Angeles
Regional Center
*for persons with
developmental disabilities, inc.*

Ambassador Program

2024

Program Overview

- ✓ **The main focus of the program was to raise awareness about SCLARC's services and educate the community to better access these services. In doing so, we hoped to increase access to services for African American and Latino Communities with the support of the Ambassadors, composed of 6 self-advocates and 4 parent leaders. It was necessary to have the Ambassadors undergo trainings and other educational sessions related to SCLARC's services and programs in order for the endeavor to be carried out successfully.**

Ambassador Responsibilities



One Year Commitment To:

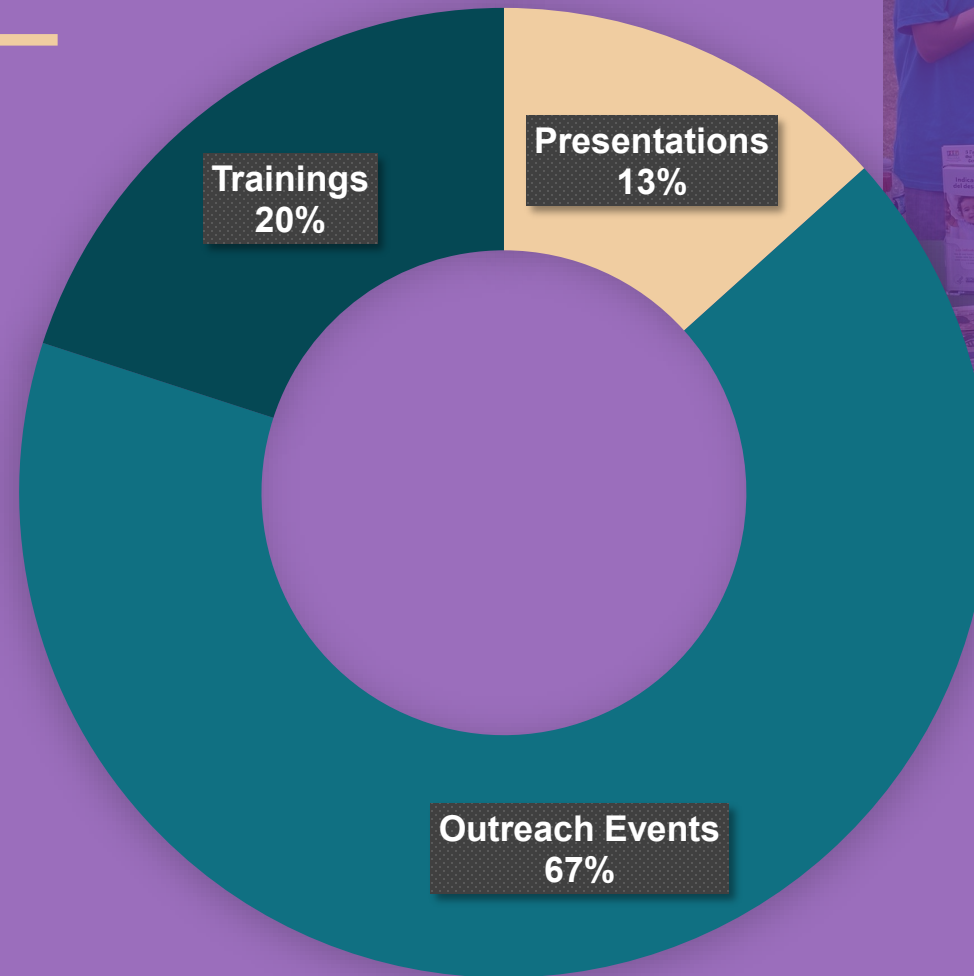
- Participate in trainings and shadow the Connections Coordinators and Community Relations Specialist.
- Conduct outreach while participating in events within SCLARC's catchment area.
- Educate and connect new individuals to SCLARC services.
- Help increase access to SCLARC for African American and Latino communities by November of 2024.
- Share lived experiences with families and individuals who are interested in SCLARC services.
- Represent SCLARC in a professional manner which includes appropriate attire and respectful communication.
- Connect with community individuals within SCLARC and answer questions/ concerns and guide families properly.

Trainings



- Overview of Office of Advancement
- Overview of SCLARC's services
- Early Start services
- Intake Eligibility – Early Start/Lanterman
- McClanney Family Resource Center
- New Online Intake Application
- Lanterman Services
- Motivational Interviewing
- Public Speaking

Outreach Events Attended: 30
Presentations: 6
Number of Trainings: 9



Grassroots Day 2025



- One of the Ambassadors had the opportunity to attend Grassroots Day in Sacramento.
- Opportunity to meet and advocate to our legislators.



Grassroots Day 2025

ARCA Sponsored Bills:

- Workforce Policy Bill
- Seizure Rescue Medication Bill
- Blue Envelope Program



THANK YOU!



Department of Children Services and Department of Adult Services



**SCLARC is providing 30-Day Notification
regarding SCLARC's
National Core Indicators (NCI) Surveys
presentation at our next
Board of Directors Meeting scheduled on:**

May 27, 2025

7:00 pm to 9:00 pm

**SCLARC plans to share information
for the following NCI Survey:**

**Adult-In Person Survey
Fiscal Year 2022/2023**

**Zoom meeting link can be found under the
Board of Directors meeting information.**

Department of Community Services and Family Support



**SCLARC is providing 30-Day Notification of it's
public meeting for the approval of its
2025- 2026 Performance Contract
objectives and outcomes.**

**Please review the draft contract and leave your
feedback on the survey below.**

**The Public Meeting will be held during SCLARC's
Board of Directors Meeting scheduled on:**

**May 27, 2025
7:00 pm to 9:00 pm**