



South Central Los Angeles  
Regional Center

**SCLARC**

## Board of Director's *Hybrid* Meeting Notice

Tuesday, March 24, 2026

7pm – 9pm

**“Hybrid Meeting”**

**English/Spanish**

Hi there,

You are invited to a Webinar Zoom meeting.  
When: March 24, 2026, 07:00 PM Pacific Time (US and Canada)  
**Register in Advance for this meeting:**

**[https://www.zoomgov.com/webinar/register/WN\\_yUTPHFZ5R1-6AAqmr-iJJw](https://www.zoomgov.com/webinar/register/WN_yUTPHFZ5R1-6AAqmr-iJJw)**

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

**Spanish Translator Available**

**Thank you!**

English Session	Sesión en Español (Spanish Session)
<p>Hi there,  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 24, 2026,  07:00 PM Pacific Time (US and Canada)</p> <p>Register in advance for this meeting:  <a href="https://www.zoomgov.com/webinar/register/WN_yUTPHFZ5R1-6AAqmr-iJJw">https://www.zoomgov.com/webinar/register/WN_yUTPHFZ5R1-6AAqmr-iJJw</a></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 <a href="mailto:Ingrido@sclarc.org">Ingrido@sclarc.org</a>. Please include your name, callback number (if you wish to be contacted), and question.</p>	<p>Hola,  Para unirse a la junta de Zoom se recomienda usar una computadora, o dispositivo móvil con la aplicación Zoom.  Para evitar interrupciones SCLARC requiere que se registre simplemente haciendo clic en el enlace de abajo.</p> <p>Cuando: March 24, 2026, a las 7:00 PM Pacific Time (US and Canada).</p> <p>Regístrese por adelantado usando este enlace en su PC o dispositivo móvil</p> <p><a href="https://www.zoomgov.com/webinar/register/WN_yUTPHFZ5R1-6AAqmr-iJJw">https://www.zoomgov.com/webinar/register/WN_yUTPHFZ5R1-6AAqmr-iJJw</a></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, <a href="mailto:Ingrido@sclarc.org">Ingrido@sclarc.org</a>. Por favor incluya su nombre, número de teléfono (si desea que se le contacte), y pregunta.</p>



South Central Los Angeles  
Regional Center

# Board of Directors Meeting South Central Los Angeles Regional Center

**Tuesday, March 24, 2026**

**7:00pm – 9:00pm**

**Hybrid / Webinar Meeting**

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

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

*Register in advance for this meeting:*

[https://www.zoomgov.com/webinar/register/WN\\_yUTPHFZ5R1-6AAqmr-iJJw](https://www.zoomgov.com/webinar/register/WN_yUTPHFZ5R1-6AAqmr-iJJw)

***Traducción en español disponible***



South Central Los Angeles  
Regional Center

# AGENDA

**Tuesday, March 24, 2026**

**7:00pm – 9:00pm**

## I. General

Call to Order and Roll Call

Sherry Kidd

- **\*Approval of BOD Meeting Minutes of January 27, 2026 – Attachment**

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

A. Executive Committee – *Attachment*

Sherry Kidd

B. Supportive Services Committee – *Attachment*

Renard Stanford

C. Vendor Advisory Committee – *Attachment*

Illona Hendrick

**\*Approval of VAC Membership Effective 3/24/26 – 3/24/29**

- **Maria Davila**
- **Alexandra de Silva**
- **Lisa Dixon**
- **Olivia Gonzalez**
- **Keith Harris**
- **Krishna Tabor**
- **Elizabeth Villanueva**
- **Nicole Williams**

**\*Action Item**

- D. Recruitment & Training Committee – **Attachment**
- E. Advocate Advisory Committee – **Attachment**
- F. Finance Committee – **Attachment**

Sherry Kidd  
Caycee Ricketts  
Teyanna Williams

### III. Staff Reports

- E. AGT Independent Audit – Ellyn Bruce – (Kyla Lee)
- F. Budget Update & Finance Report (January 2026) – (Kyla Lee)
  - Statement Of Financial Position – **Attachment**
  - Statement Of Activities – **Attachment**
  - POS Expenditure Projection Summary – **Attachment**
  - \* Approval of B-3 Language Revisions – **Attachment**
  - \* Approval of B-4 Amendment – **Attachment**
  - \* Approval of PRA Retention Policy – **Attachment**
- G. NCI Data and Performance Contract – (Tamilyn Bonney) – **Attachment**
  - NCI Data Presentation
  - SCLARC Performance Contract for FY 2026-27 – (Information Only)
- H. HDO Home Presentation – (Cherylle Mallinson & Jesse Rocha) – **Attachment**
- I. Connecting With SCLARC – (Jenice Turner) – **Attachment**
- J. Early Intervention Study – California State University Long Beach – (Cesar Garcia)
  - \*Approval for SCLARC vendors to participate in the Early Intervention Study – **Attachment**
- K. Executive Session
  - **Employee Matter**

L. Executive Director Report – (Dexter Henderson)

M. Public Comment

N. Meeting Adjournment

O. For your future reference / information

- Board Meeting May 26, 2026



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 27<sup>th</sup>, 2026**  
**7:00pm – 9:00pm**

**Member Present:**

Cynthia Torres	Jesus Murillo
Sherry Kidd	Ogechi Ikhile
Illona Hendrick	Deicy Sandoval
Teyanna Williams	Julio Lopez
Christella Frutos	Giovanna Brasfield
Norma Hernandez	
Cedron McKnight	
Caycee Ricketts	
Renard Stanford	

**Members Absent:**

Shavon Spiller  
Magali Ochoa  
Mireya Romero

**Staff Present:**

Dexter Henderson	Cesar Garcia
Kyla Lee	Ingrid Oliva
Cherylle Mallinson	Iris De La Tova
Jenice Turner	Berlin Ruiz
Tamilyn Bonney	Armando Sanchez

*I.* **General**

- Board President, Cynthia Torres opened January 27<sup>th</sup>, 2026, Board of Director's Meeting via Zoom and In-Person with roll call.

**A. Call to Order and Roll Call**

- The meeting was called to order at 7:18pm by The President Cynthia Torres.

**B. Approval of BOD Minutes for November 18<sup>th</sup>, 2025**

**Board Action:**

**Approved BOD minutes – November 18<sup>th</sup>, 2025**

M/S/C: Renard Standford/Giovanna Brasfield /Unanimous

## **II. Board Member Reports**

### **A. Vendor Advisory Committee – Illona Hendrick**

Illona Hendrick, VAC Chair, reported on the January 14, 2026, VAC meeting, which focused on rate reform implementation, vendor compliance with attestations and service code crosswalks, and ongoing concerns regarding transportation service codes 880, 875, and 882. Vendors also continue to raise concerns about delayed retroactive payments, which remain pending as final transitions are completed.

### **B. Self Determination Advisory Committee – Jenice Turner**

Jenice Turner, Director of Children’s Services, reported on the Self-Determination Local Advisory Committee meeting held on January 14, 2026. Updates included current SDP enrollment of 216 participants, program operations updates, and ongoing outreach and transition support efforts. The committee also received updates on pending Medicaid policy changes, including new work requirements and more frequent eligibility checks, which are awaiting federal guidance. The next meeting is scheduled for March 11, 2026, via Zoom.

### **C. Recruitment and Training Committee Meeting – Sherry Kidd**

No meeting was held this month. Five new members were approved during public meetings held between December and January, and training and orientation are currently being developed and are expected to begin in the first quarter of the year.

#### **Board Action:**

**Approval of Sherry Kidd – Effective 9/27/25-9/27/2028**

M/S/C: Jesus Murillo/ Giovanna Brasfield /Unanimous

#### **Board Action:**

**Approval of Caycee Ricketts – Effective 9/27/25-9/27/2028**

M/S/C: Norma Hernandez /Ogechi Ikhile /Unanimous

#### **Board Action:**

**Approval of Norma Hernandez as Secretary**

M/S/C: Caycee Rickets/ Jesus Murillo /Unanimous

### **D. Finance Committee – Teyanna Williams**

The Finance Committee met on January 21, 2026, and reviewed a proposal for CID to serve as SCLARC’s Housing Development Organization to purchase and renovate two homes for CPP/CRDP contracts, confirming DDS approval and recommending the item be presented to the Board for approval. The Committee also reviewed the November 30, 2025, financial statements and received updates on the DDS FY 2026–27 budget, including projected caseload growth and increased funding for community programs and purchase of services. The Committee reviewed a draft independent audit reflecting an unqualified opinion, received updates on rate reform implementation and related vendor adjustments, and reviewed DDS audit findings, which included minor overpayments and procedural issues that will be addressed. The Committee approved the November 18<sup>th</sup>, Finance Committee minutes with no corrections.

### III. Staff Reports

#### E. Budget Update & Finance Report (2025) – (Kyla Lee)

**Statement of Financial Position:** As of November 2025, SCLARC had \$104 million in cash on hand, up from \$47 million the previous year, and \$52 million in accounts payable, compared to \$44 million last year. Cash flow remains sufficient, with close monitoring in place due to ongoing rate reform and upcoming contract holdbacks in March and April.

**Statement of Activities:** Preliminary allocations for operations totaled approximately \$83 million, with \$33 million spent to date and \$49 million projected for the remainder of the fiscal year.

**POS Expenditure Projection Summary:** Purchase of Services (POS) received to date is \$849 million, with \$313 million spent and an additional \$484 million projected, leaving \$51 million allocated but not yet encumbered. Rate reform implementation is approximately 80% complete, including retroactive payments and vendor rate updates. Projected expenditures are monitored internally through the PEP (Projected Expenditure Program) process. The current analysis indicates that the agency has estimated POS expenditures in the amount of \$714 million through June 30, 2026.

**2026 -27 Governor’s Budget Highlights:** The DDS budget for FY 2026–27 reflects a \$2.4 billion increase, primarily due to increased federal financial participation and caseload growth. The projected population served statewide is expected to increase by 37,000 individuals.

**AGT Independent Audit (Draft Audit 6/30/2025):** The draft independent audit for June 30, 2025, reflects an unqualified opinion with no material findings. The final report will incorporate CalPERS’ liability and will be presented to the Finance Committee and the Board along with Form 990 for approval.

#### F. Performance Contract Year-End report – (Tamilyn Bonney)

Ms. Tamilyn Bonney, Directives Compliance Manager, presented the FY 2024–2025 Performance Contract Year-End Report on behalf of Board Member Mireya Romero. She reviewed DDS Performance Contract requirements under the Lanterman Act and reported that SCLARC served approximately 24,090 individuals, with continued strong performance in community integration, including high rates of individuals living in family and home-based settings and low use of large facilities. Employment, equity, and access to services remained key focus areas, and SCLARC met DDS compliance standards for the year. Challenges included residential resource development and staffing, while accomplishments included expanded employment initiatives, early childhood screenings, and community partnerships.

#### G. Approval CPP/CRDP Contracts \$1.9m – (Cherylle Mallinson)

Staff reported on the approval of Community Impact Development (CID) by DDS as SCLARC’s Housing Development Organization (HDO) to acquire and renovate residential properties under the Community Placement Plan (CPP) and Community Resource Development Plan (CRDP). CID will be responsible for property acquisition and renovation in accordance with DDS FY 2025–2026 housing guidelines, with deed restrictions requiring the properties to remain available for individuals referred by SCLARC for at least 50 years. The proposed funding totals \$1.9 million for two properties located within the SCLARC catchment area, with DDS funds serving as seed money toward acquisition and renovation costs.

#### **Board Action:**

#### **Approval of CPP/CRDP Contracts \$1.9m**

M/S/C: Julio Lopez /Caycee Ricketts /Unanimous

**IV. Executive Director Report – Dexter Henderson**

**V. Public Comment –**

**VI. Meeting Adjournment -**

- The meeting was adjourned at 8:58pm by The President Cynthia Torres

**VII. Supplemental Information**

**\*Action Item**



South Central Los Angeles  
Regional Center

**Executive Committee Meeting**  
**February 23, 2026**  
**6:30pm – 7:30pm**

**Join ZoomGov Meeting**

<https://www.zoomgov.com/j/1616606597?pwd=9Bp1iVRbFHDbs7Pm9anNpK7UnEu8kH.1>

**Agenda**

- **B3 – Language Change – Attachment**
  - Updates to Article I, Item 10 – “Transparency and Access to Public Information”
  - Corresponding updates to Exhibit F (HIPAA/HITECH Assurances), Item 6 – “Safeguarding Protected Health Information,” identifying de-identification requirements related to Public Records Act requests
  
- **Legal Issue Update**
- **Board Training Plan – Discussion**
  - PRA
  - Linguistic and Cultural Competence
  - Implicit Bias
  - New Board Member Responsibilities
  
- **Board Orientation Dates – New Board Members**
  - Board Members Tour 3/24/26
  - Committee Responsibilities at next committee meeting
  
- **Committee Assignments Confirm – Attachment**
  - Committee Calendar 2026
  
- **Interim / Board President Support Plan**



**Supportive Services Committee**  
**REMOTE MEETING**  
**February 9, 2026, 6:00 p.m. - 7:30 p.m.**

**Agenda**

**1. Introductions**

Caycee Ricketts, SSC Co-Chair

**2. Committee Vote to add Giovanna Brasfield, Mr. Murillo, and Shavon Codio to SSC**

Caycee Ricketts, SSC Co-Chair

**3. Resources**

Kiara Lopez, Chief Advancement Officer

**4. Early Intervention Study**

Cesar Garcia, Director of Clinical Services

**5. Support Services For School Aged Individuals**

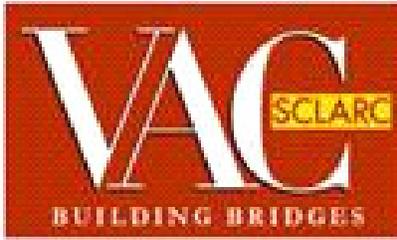
Doris Pineda, I.D.E.A Specialist

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

**Instructions to attend meeting:**

**Register in advance for this meeting:**

**[https://www.zoomgov.com/meeting/register/5M1VsN3eQrm8c9K\\_so8N0A](https://www.zoomgov.com/meeting/register/5M1VsN3eQrm8c9K_so8N0A)**  
After registering, you will receive a confirmation email containing information about joining the meeting.



# **SCLARC VENDOR ADVISORY COMMITTEE**

MEETING AGENDA

ZOOM

**MARCH 11, 2026**

**10:00am—12:00pm**

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

10:05 am: **SCLARC Management Updates**

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

10:50 am: **VAC Business**

12:00 pm: **Adjournment**

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Join ZoomGov Meeting

<https://www.zoomgov.com/j/1602047616?pwd=mvXFpNZZaEFJ45tMz6WhuSsvVOxKGI.1>

Meeting ID: 160 204 7616

Passcode: 334245



South Central Los Angeles  
Regional Center

## Vendor Advisory Committee

Throughout the Lanterman Act [4512(k); 4519.4; 4699.5(a)(3); 4511(g); 4511.5(c)(2)(C)], the California State Legislatures has valued the feedback and collaborative work with service providers. South Central Los Angeles Regional Center's (SCLARC) Vendor Advisory Committee (VAC) was established to provide advice, guidance, recommendations and technical assistance to vendors. It is dedicated to cultivating solid relationships with all those served by SCLARC, their families, regional center staff members, vendors, legislative representatives, and other community stakeholders. In addition to its monthly meetings, the VAC hosts a variety of events that include Vendor Fair, Training, Speakers' Bureau, and Consumer Honor Breakfast.

# MARIA DAVILA

Maria Davila is one of the Program Managers at Passport To Learning, Inc., where she oversees programs that support individuals and families through specialized education and skill-building services. Passport To Learning has been a vendor with SCLARC for more than 30 years, providing Supportive Living Skills services (HX0029) to help individuals develop independence and improve their quality of life. Maria is dedicated to guiding programs that empower people with the knowledge and support needed to succeed in their daily lives.



# Alexandra de Silva

Chief Executive Officer  
MDN Care Services

## Services:

MDN Employment Services (531)

FRALEX CARE (520)

R.M. Family Partners (076)

MDN Pathways (956)

**Vendor at SCLARC:** August 2023 (2 years 7 months)

Alexandra de Silva is the Chief Executive Officer of MDN Care Services, a vendor with the South Central Los Angeles Regional Center (SCLARC) since August 2023. MDN Care Services currently provides Supported Employment and Independent Living Services through MDN Employment Services (531) and FRALEX CARE (520), with additional programs approved for R.M. Family Partners (076) and MDN Pathways (956).

In her role, Alexandra oversees program development and service delivery across multiple service lines designed to support individuals with developmental disabilities in achieving independence, employment, and meaningful community participation. She is focused on strengthening operational excellence through staff training, strategic program development, and the thoughtful integration of technology to streamline processes and support a more individualized service experience.

Alexandra values collaboration among vendors, regional centers, and families and is committed to advancing initiatives that strengthen service quality, operational efficiency, and meaningful outcomes for the individuals served by SCLARC.



# Lisa Dixon

I, Lisa Dixon is the owner of Dixon Dedicated Transportation Service, a specialized transportation company that I established in 2014. Through strong leadership and operational management, I have successfully grown the company from a single van to a fleet of eight vans, providing dependable transportation services within the community.

My company focuses on transporting mentally challenged adults for SCLARC, WRC as well as Lanterman Regional Centers, ensuring safe, reliable, and compassionate service care. My commitment to dignity, safety, and quality service has helped build a trusted reputation among the families and organizations that I serve.

In addition to managing my growing business, I have provided guidance and consultation to other potential transportation vendors, sharing my experience and helping others understand the operational and service standards required within the industry.

Known for my dedication, resilience, and commitment to excellence, I continue to grow my brand while supporting my community. My leadership, industry knowledge, and passion for service make me a viable and strong candidate for board membership.

Thank you,  
Ms. Lisa Dixon, CEO



# Olivia Gonzalez

Director of Community Relations

Hello SCLARC, Board Members,

My name is Olivia Gonzalez, and I am the Area Director of Community Relations for Aveanna Healthcare Support Services, with over 10 years of experience supporting the I/DD population. My career began in the Applied Behavior Analysis (ABA) field, and I later co-led the development of Aveanna's Self-Determination Program operations during its initial rollout. In this role, I oversaw the onboarding of hundreds of participants and coached many more through 2023.

I am committed to helping clients, families, independent facilities, and community members access Regional Center services. Through my experience and knowledge, I actively promote and advocate for the success of the Self-Determination Program and other Regional Center services.

Aveanna Healthcare Support Services has been vendored with the South Central Los Angeles Regional Center since 2007. We provide respite, personal assistance, social recreation, and Financial Management Services.

Thank you for considering me for the board member position. Have a wonderful evening!

Kindly,

# Keith Harris

Community Builder

Service Type: Adult Day Program for Individuals with Intellectual and Developmental Disabilities

Keith Harris is a community builder focused on creating safe spaces where people can learn, grow, and belong. Through The Harris Institute for Life Learning (The HILL), he works with adults with intellectual and developmental disabilities, building environments where individuals can develop confidence, independence, and meaningful connections in their communities.

The HILL operates as a community-based learning program, where participants actively engage in real-world environments through work experience, life-skills learning, and social interaction throughout the community. Rather than a traditional classroom setting, the program focuses on practical learning, meaningful activity, and connection with the broader community.

Keith became a vendor with the South Central Los Angeles Regional Center (SCLARC) on February 14, 2018. His work centers on building places that feel like sanctuaries — spaces where people feel safe enough to explore who they are and what they can become.

At its core, his work is about strengthening communities by creating environments where people feel supported, valued, and able to grow.

# Krishna Tabor

Butterfli Technologies, Inc.

Vice President of Consumer Relations/Business Development

Tech-enabled Assisted Transportation

Butterfli has been a SCLARC vendor since 2017

We work with Case Managers to provide assisted transportation services to hundreds of SCLARC consumers. The services we provide are ambulatory, wheelchair, bariatric wheelchair, gurney, and bariatric gurney. Butterfli services consumers of all ages, transporting them to school, work, day programs, etc. Butterfli also provides transport for lifestyle, Monday through Sunday, around the clock. Getting someone to their family member's wedding or graduation always makes the Butterfli team happy. Thank you SCLARC for giving us the opportunity to serve.

# Elizabeth Villanueva, M.A.

Elizabeth Villanueva is the Founder and Executive Director of Niños Del Cielo, Inc., an early intervention agency dedicated to supporting infants, young children, and families through high-quality, family-centered developmental services. With decades of experience in early childhood development and early intervention, Elizabeth has devoted her career to improving outcomes for children with developmental delays and strengthening the families and communities they serve.

Elizabeth earned her bachelor's degree in child development from Mount Saint Mary's University of Los Angeles and later received a master's degree in early childhood education with a specialization in Trauma from Pacific Oaks College in Pasadena, where she graduated as a Valedictorian. She has also served on the Policy Board of the Infant Development Association for the past five years, contributing her expertise to the advancement of early intervention services and policies.

Elizabeth began her career as an infant and child development teacher before transitioning into California's Early Start system. She served for sixteen years as a Service Coordinator with four Southern California Regional Centers, where she gained extensive experience supporting families of children with developmental delays and disabilities, navigating complex service systems, and coordinating multidisciplinary early intervention services.

Building on this experience, Elizabeth founded Niños Del Cielo, Inc., where for more than 24 years she has led efforts to expand access to culturally responsive, compassionate, and evidence-based early intervention services. Under her leadership, the agency has supported countless families by strengthening parent-child relationships, promoting developmental progress, and empowering parents to advocate for their children.

Elizabeth remains deeply committed to community service and advocacy for children and families. Her work continues to focus on improving access to early intervention services, supporting the professional development of early childhood specialists, and advancing systems that help all children reach their full potential.

# Nicole Williams

License / Administrator

Heartland Adult Residential Facility (Medical Model Level 6)

Heartland Senior Care RCFE

Nicole Williams has served as the Licensee and Administrator of Heartland Adult Residential Facility (ARF) since 2019. Heartland ARF operates as a Medical Model and Behavior Level 6 residential program providing specialized support for individuals with developmental disabilities who require enhanced care and supervision. She is also the Founder of Heartland Senior Care, a Residential Care Facility for the Elderly (RCFE) dedicated to providing compassionate, person-centered services to older adults in a safe and supportive residential setting.

Nicole holds a master's degree in organizational management and leadership (MOML) and a bachelor's degree in human services from Springfield College School of Human Services. She also earned an associate's degree in interdisciplinary studies and early childhood education and holds multiple certifications related to residential care administration and caregiving. Her academic background and professional experience reflect a strong commitment to leadership, service, and the advancement of community-based care.

As the administrator of Heartland programs, Nicole oversees daily operations, staff training and supervision, individualized service planning, health and safety compliance, and collaboration with interdisciplinary teams. Her work focuses on ensuring that individuals receive services that support independence, dignity, and quality of life while maintaining compliance with California Title 17, Title 22, and Home and Community-Based Services (HCBS) standards.

Nicole is also a dedicated community advocate. After the tragic loss of her son, Antonio Wilson Jr., to gun violence in 2017, she founded All I Know – The Antonio Wilson Foundation, a nonprofit organization that supports families affected by violence and works to promote safer communities through advocacy, resources, and community engagement.

Through her leadership in residential care and community advocacy, Nicole has developed a strong understanding of the importance of collaboration between service providers, families, and regional centers. She is committed to strengthening communication, promoting quality care standards, and supporting initiatives that improve services for individuals with developmental disabilities and seniors within the community.

Nicole's leadership reflects a deep belief that quality residential care must combine regulatory excellence with compassion, advocacy, and meaningful community partnerships



South Central Los Angeles  
Regional Center

## Recruitment & Training Committee Meeting

March 2<sup>nd</sup>, 2026

7pm – 9pm

Join Zoom Meeting

<https://www.zoomgov.com/j/1603354423?pwd=1RXnwDmvibFogyipiSOaaVli6trstj.1>

Meeting ID: 160 335 4423

Passcode: 274367

## Agenda

### I. New Business

- Proposed BOD Annual Training Schedule for 2026
- Continue Board Packet Review **in-person** from 5-6 pm before BOD Meetings

### II. Proposed Trainings:

- **Zoom** Public Records Act Training in March (Date TBA by Executive Office)
- **In-Person** New Board Member Orientation on Mar 24 before the BOD Meeting
- **In-Person** New Equipment Training (Optional) on March 24@ 6 pm with SCLARC IT
- **Zoom** Board Governance Training in April (1st choice) or June (2nd choice) (Date TBA by Executive Office)
- **In-Person** Implicit Bias+Cultural Competency- One-Hour Training in September at Annual BOD Retreat (Saturday Morning)
- **In-Person** Whistle Blower+Conflict of Interest Training- One-Hour Training at September BOD Retreat (Sunday Morning)

### III. Action items:

- Accept or adjust the schedule for the year

### IV. Next R & T Committee Meetings for 2026- only “as needed”:

- Jun 1
- Sept 7
- Dec 7

**SCLARC ADVOCATES ADVISORY COMMITTEE AGENDA**

**DATE: February 23, 2026**

**TIME: 10AM-12PM**

**WHERE: 2500. S Western Ave  
Los Angeles, CA 90018**

**AGENDA**

**1. 10:00- 11:00am**

**Self- Love**

Welsey Witherspoon UC Children's Hospital

**Responsibilities as AAC Members**

Esther Kelsey WRC CAC President

**2. 11:00 -11:30 am**

**Call to Order**

A. Introductions

Renard Stanford AAC President

B. Approval of Agenda

Renard Stanford AAC President

C. Approval of Dec/ Jan minutes

Renard Stanford AAC President

D. AAC Ground/ Bylaws

Desiree Boykin AAC Treasurer /Sgt-At

Arms- Andrew Richards

E. ARCA report

Desiree Boykin – AAC Treasurer

F. AAC event

Desiree Boykin – AAC Treasurer

**3. 11:30 – 11:50am**

**Public Announcements/Announcements**

Everyone

**4. 12:00 pm**

**End of the meeting**

Renard Stanford



# SCLARC FINANCE COMMITTEE MEETING

Zoom.Gov

Meeting ID: 160 015 7056

Tuesday, March 17<sup>th</sup>, 2026

6:00pm – 7:00pm

## Agenda

General Session

- |   |                  |
|---|------------------|
| I. Call to Order and Roll Call                                    | Teyanna Williams |
| II. Approval of Minutes from January 21, 2026 <i>(attachment)</i> | Teyanna Williams |
| III. Financial Statements   | Kyla Lee         |
| a. January 31, 2026 <i>(attachment)</i>                           |                  |
| IV. AGT Independent Audit <i>(attachment)</i>                     | AGT Auditors     |
| a. Audited DRAFT Financials - June 30, 2025                       |                  |
| b. 990 Form DRAFT   |                  |
| V. FY 2025-26 B-3 Contract Language Amendment <i>(attachment)</i> | Kyla Lee         |
| VI. FY 2025-26 B-4 Allocation <i>(attachment)</i>                 | Kyla Lee         |
| VII. Approval of PRA Retention Policy <i>(attachment)</i>         | Kyla Lee         |
| VIII. General Updates   | Kyla Lee         |
| a. Rate Reform  |                  |
| b. SC 875 Transportation  |                  |
| c. Laserfiche   |                  |
| d. Life Outcomes Improvement System (LOIS)                        |                  |
| e. Public Records Act (PRA)                                       |                  |
| IX. Other Items   | Kyla Lee         |
| X. Next Meeting Date – May 20 <sup>th</sup> , 2026                |                  |

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

MANAGEMENT COMMENTS LETTER

**June 30, 2025**

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

In planning and performing our audit of the financial statements of South Central Los Angeles Regional Center for Developmentally Disabled Persons, Inc. (SCLARC) as of and for the year ended June 30, 2025, in accordance with auditing standards generally accepted in the United States of America, we considered SCLARC's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the SCLARC's internal control. Accordingly, we do not express an opinion on the effectiveness of SCLARC's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and therefore, there can be no assurance that all deficiencies, significant deficiencies, or material weaknesses have been identified. We did not identify any deficiencies in internal control that we consider to be material weaknesses. However, as discussed below, we identified certain matters involving the internal control and other operational matters that are presented for your consideration. This letter does not affect our report dated DATE on the financial statements of SCLARC. We will review the status of these comments during our next audit engagement. Our comments and recommendations, all of which have been discussed with appropriate members of management, are intended to improve the internal control or result in other operating efficiencies. Our comments are summarized as follows:

#### **CURRENT YEAR FINDINGS AND RECOMMENDATIONS**

**None**

#### **PRIOR YEAR FINDINGS AND STATUS UPDATES**

##### **2024-001 – Executive Director Contract**

##### **Condition**

During our prior year audit, we noted that the most recent contract for the Executive Director expired on June 30, 2023.

##### **Recommendation**

We recommended that SCLARC negotiate and finalize a current contract as soon as possible.

**Status**

Resolved

**2024-002 – Offset to the Advance****Condition**

During our prior year audit, we noted that DDS had offset the remaining grant year 22/23 advance against accounts receivable for that fiscal year, but the offset was not recorded as of June 30, 2024 resulting in an audit identified adjustment.

**Recommendation**

We recommended that at year-end SLCARC reviews their accounts receivable and advance balances to ensure that all offsets have been appropriately recorded.

**Status**

Resolved

This communication is intended solely for the information and use of management, the Board of Directors, and others within SCLARC, and is not intended to be and should not be used by anyone other than these specified parties.

AGT CPAs & Advisors  
Redding, California

**DATE**

**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, 2025 and 2024**

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

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June 30, 2025 and 2024

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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, 2025 and 2024, 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, 2025 and 2024, 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	2025	2024
<b>ASSETS</b>		
Cash and cash equivalents	\$ 56,405,814	\$ 33,541,042
Cash - client trust funds (Note 3)	2,478,489	2,953,772
Receivable - State Regional Center contracts	209,301,925	180,646,484
Receivable - Intermediate Care Facility providers	1,484,734	1,620,369
Prepaid expenses	1,024,478	289,150
Other receivables	1,502,857	1,696,133
Due from state - accrued vacation and other leave benefits	3,098,792	2,467,517
Due from state - unfunded defined benefit plan liability	16,865,830	26,844,700
Due from state - leases	8,276,418	5,740,136
Operating lease right-of-use asset	141,078,296	143,269,263
<b>TOTAL ASSETS</b>	<b>\$ 441,517,633</b>	<b>\$ 399,068,566</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Accounts payable	\$ 84,182,385	\$ 63,951,337
Advance - State Regional Center contracts	180,720,905	149,145,805
Accrued and other liabilities	4,645,076	4,503,233
Accrued vacation and other leave benefits	3,098,792	2,467,517
Client trust fund liability	2,478,489	2,953,772
Unfunded defined benefit plan liability (Note 7)	16,865,830	26,844,700
Operating lease liability - current portion (Note 6)	2,245,501	1,883,908
Operating lease liability - long term portion (Note 6)	147,109,213	147,125,491
<b>Total Liabilities</b>	<b>441,346,191</b>	<b>398,875,763</b>
<b>Net Assets</b>		
Without donor restriction	171,442	192,803
<b>Total Net Assets</b>	<b>171,442</b>	<b>192,803</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 441,517,633</b>	<b>\$ 399,068,566</b>

*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	2025	2024
<b>SUPPORT AND REVENUE</b>		
State Regional Center contracts	\$ 756,894,380	\$ 631,660,610
Intermediate Care Facility supplemental services income	1,724,952	1,257,098
Intermediate Care Facility administrative fees	26,527	18,356
Interest income	580,559	638,839
Other income: future lease expense claims	2,536,282	2,783,925
Contributions and other income	343,710	622,933
<b>Total Support and Revenue</b>	<b>762,106,410</b>	<b>636,981,761</b>
<b>EXPENSES</b>		
<b>Program Services</b>		
Personnel expenses	55,917,918	41,680,911
Purchase of services	674,429,171	568,308,663
Operating	467,463	536,055
<b>Total Program Services</b>	<b>730,814,552</b>	<b>610,525,629</b>
<b>General and Administrative</b>		
Personnel expenses	8,905,029	7,468,005
Operating	22,408,190	19,028,313
<b>Total General and Administrative</b>	<b>31,313,219</b>	<b>26,496,318</b>
<b>Total Expenses</b>	<b>762,127,771</b>	<b>637,021,947</b>
<b>Changes in Net Assets Before Periodic Pension Related Changes</b>	<b>(21,361)</b>	<b>(40,186)</b>
Net State Regional Center contract income (expense) relating to net periodic costs and other pension related changes	(9,978,870)	(8,883,232)
Net periodic benefit cost	(5,063,161)	(4,956,214)
Pension plan related changes other than net periodic benefit costs	15,042,031	13,839,446
<b>Subtotal</b>	<b>-</b>	<b>-</b>
<b>Changes in Net Assets After Periodic Pension Related Changes</b>	<b>(21,361)</b>	<b>(40,186)</b>
<b>Net Assets - Beginning of Year</b>	<b>192,803</b>	<b>232,989</b>
<b>Net Assets - End of Year</b>	<b>\$ 171,442</b>	<b>\$ 192,803</b>

*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, 2025	Program Services	General and Administrative	Total
<b>Personnel Expenses</b>			
Salaries	\$ 42,266,467	\$ 6,722,325	\$ 48,988,792
Benefits	13,023,643	2,071,362	15,095,005
Payroll taxes	627,808	111,342	739,150
<b>Total Personnel Expenses</b>	<b>55,917,918</b>	<b>8,905,029</b>	<b>64,822,947</b>
<b>EXPENSES</b>			
<b>Purchase of Services</b>			
Other purchased services (Note 8)	414,563,172	-	414,563,172
Out of home	151,564,273	-	151,564,273
Day programs	75,864,811	-	75,864,811
Transportation	32,436,915	-	32,436,915
<b>Total Purchase of Services</b>	<b>674,429,171</b>	<b>-</b>	<b>674,429,171</b>
<b>Operating</b>			
Lease expense - operating (paid)	-	6,478,362	6,478,362
Lease expense - operating (accrued)	-	2,536,282	2,536,282
General office expenses	168,206	2,334,977	2,503,183
Data processing maintenance	-	2,366,701	2,366,701
General expenses	-	2,093,206	2,093,206
Insurance	-	1,339,102	1,339,102
Communication	-	972,893	972,893
Facility rent	-	827,641	827,641
Contract consultants	-	680,661	680,661
Equipment purchases	-	605,107	605,107
Legal fees	-	509,661	509,661
Facility maintenance	-	479,631	479,631
Travel	299,257	74,599	373,856
Dues	-	288,651	288,651
Postage	-	282,134	282,134
Equipment maintenance	-	213,713	213,713
Equipment rental	-	138,182	138,182
Professional fees	-	82,000	82,000
Printing	-	76,676	76,676
Interest expense and bank fees	-	28,011	28,011
<b>Total Operating</b>	<b>467,463</b>	<b>22,408,190</b>	<b>22,875,653</b>
<b>TOTAL EXPENSES</b>	<b>\$ 730,814,552</b>	<b>\$ 31,313,219</b>	<b>\$ 762,127,771</b>

*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, 2024	Program Services	General and Administrative	Total
<b>Personnel Expenses</b>			
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
<b>Total Personnel Expenses</b>	<b>41,680,911</b>	<b>7,468,005</b>	<b>49,148,916</b>
<b>EXPENSES</b>			
<b>Purchase of Services</b>			
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
<b>Total Purchase of Services</b>	<b>568,308,663</b>	<b>-</b>	<b>568,308,663</b>
<b>Operating</b>			
Lease expense - operating (paid)	-	6,289,672	6,289,672
Lease expense - operating (accrued)	-	2,783,925	2,783,925
General office expenses	188,483	2,176,046	2,364,529
Data processing maintenance	-	1,277,898	1,277,898
General expenses	-	1,769,156	1,769,156
Facility rent	-	852,259	852,259
Contract consultants	83,581	658,742	742,323
Insurance	-	698,477	698,477
Communication	-	657,642	657,642
Travel	263,991	323,898	587,889
Facility maintenance	-	537,188	537,188
Equipment purchases	-	350,912	350,912
Postage	-	146,179	146,179
Dues	-	145,836	145,836
Legal fees	-	92,526	92,526
Equipment maintenance	-	62,882	62,882
Professional fees	-	80,000	80,000
Interest expense and bank fees	-	76,232	76,232
Printing	-	25,341	25,341
Equipment rental	-	23,502	23,502
<b>Total Operating</b>	<b>536,055</b>	<b>19,028,313</b>	<b>19,564,368</b>
<b>TOTAL EXPENSES</b>	<b>\$ 610,525,629</b>	<b>\$ 26,496,318</b>	<b>\$ 637,021,947</b>

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	2025	2024
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Changes in net assets	\$ (21,361)	\$ (40,186)
Adjustments to reconcile changes in net assets to net cash provided (used) by operating activities:		
Amortization of operating lease right-of-use asset	4,420,191	7,925,210
Change in:		
Receivable - State Regional Center contracts	(28,655,441)	(13,243,505)
Receivable - Intermediate Care Facility providers	135,635	(408,765)
Prepaid expenses	(735,328)	(163,192)
Other receivables	193,276	(361,870)
Due from state - accrued vacation and other leave benefits	(631,275)	(153,926)
Due from state - unfunded defined benefit plan liability	9,978,870	8,883,232
Due from state - leases	(2,536,282)	(2,783,235)
Accounts payable	20,231,048	6,402,883
Advance - State Regional Center contracts	31,575,100	(12,684,251)
Accrued and other liabilities	141,843	3,193,366
Accrued vacation and other leave benefits	631,275	153,926
Client trust funds liability	(475,283)	(1,062,327)
Unfunded defined benefit plan liability	(9,978,870)	(8,883,232)
Operating lease liability	(1,883,909)	(5,141,975)
<b>Cash Provided (Used) By Operating Activities</b>	<b>22,389,489</b>	<b>(18,367,847)</b>
<b>Increase (Decrease) in Cash</b>	<b>22,389,489</b>	<b>(18,367,847)</b>
<b>Cash - Beginning of Year</b>	<b>36,494,814</b>	<b>54,862,661</b>
<b>Cash - End of Year</b>	<b>\$ 58,884,303</b>	<b>\$ 36,494,814</b>
<b>Components of Cash and Cash Equivalents</b>		
Cash and cash equivalents	\$ 56,405,814	\$ 33,541,042
Cash - client trust funds	2,478,489	2,953,772
<b>Total</b>	<b>\$ 58,884,303</b>	<b>\$ 36,494,814</b>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOWS INFORMATION</b>		
<b>Cash Paid for Interest</b>	<b>\$ 14,531</b>	<b>\$ -</b>

*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

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**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. Reimbursements 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)

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*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, 2025 and 2024, 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 \$60,586,682 and \$37,294,886 at June 30, 2025 and 2024, 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.

**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)

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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. SCLARC has elected the practical expedient which permits SCLARC to include collections received after the balance sheet date, but before the issuance of the financial statements in its CECL assessment. In addition, 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, 2025, 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 – 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.

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

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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*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.

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 \$1,185,779 at June 30, 2025 and 2024, 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.

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

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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**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.

**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 as revenue 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 incurrance 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 \$180,720,905 and \$149,145,805 that have not been recognized in revenue at June 30, 2025 and 2024, respectively, because qualifying expenditures have not yet been incurred.

**Federal Grants** SCLARC received two federal grants as of June 30, 2025 and 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, 2025 and 2024, was \$1,621,603 and \$3,321,030, respectively, and is included in State Regional Center contracts revenue on the statements of activities.

SCLARC is a sub-recipient to State of California Department of Education 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, 2025 and 2024, was \$95,745 and \$162,477, 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.

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

## NOTES TO THE FINANCIAL STATEMENTS

(Continued)

**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 a not-for-profit 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.

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, 2025 and 2024, and SCLARC does not expect this to change significantly over the next 12 months.

**Change in Accounting Principle** In July 2025, the FASB issued ASU No. 2025-05, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. This update provides a practical expedient and an accounting policy election for entities, including not-for-profit organizations, when estimating expected credit losses for current accounts receivable and current contract assets arising from transactions accounted for under Topic 606, *Revenue from Contracts with Customers*, for fiscal years beginning after December 15, 2025, with early adoption permitted.

The Center has early adopted the standard as of July 1, 2024 and elected the practical expedient and the accounting policy to consider subsequent collection activity after the balance sheet date but before the financial statements are available to be issued, as permitted by ASU 2025-05. The adoption of this standard did not have a material impact on the Center'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	2025	2024
Cash and cash equivalents	\$ 56,405,814	\$ 33,541,042
Receivable - State Regional Center contracts	209,301,925	180,646,484
Receivable - Intermediate Care Facility providers	1,484,734	1,620,369
Other receivables	1,502,857	1,696,133
Less: Advance - State Regional Center contracts	(180,720,905)	(149,145,805)
<b>Total</b>	<b>\$ 87,974,425</b>	<b>\$ 68,358,223</b>

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

## NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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.

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 among regional centers. In the event DDS determines 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	2025	2024
<b>Client Trust Fund Liability - Beginning of the Year</b>	\$ 2,953,772	\$ 4,016,099
Social Security and other client support received	19,968,373	20,309,709
Purchase of service disbursements	(19,972,506)	(19,480,132)
Change in AP/AR	(471,150)	(1,891,904)
<b>Client Trust Fund Liability - End of the Year</b>	\$ 2,478,489	\$ 2,953,772

### 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 6.50% or 1% below the bank's prime rate, which was 7.50% and 8.50% at June 30, 2025 and 2024, respectively, and amounted to \$14,531 and \$0 for the years ended June 30, 2025 and 2024, respectively. The line of credit expired on June 30, 2025. SCLARC extended the line of credit which is now set to expire in June 2026 with the same terms. At June 30, 2025 and 2024, 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
2025	\$ 804,472,753	\$ 729,474,814	\$ 74,997,939
2024	\$ 671,612,156	\$ 625,793,772	\$ 45,818,384
2023	\$ 608,566,065	\$ 540,172,948	\$ 68,393,117

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 2500 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 expired in August 2025. The lease was converted to a month-to-month lease upon the expiration of the lease term. The lease for office space located at 2221 South Western Avenue has an initial term of 2 years with one option to extend the lease term for an additional 3 years, expiring June 2030. The office equipment leases have an initial term of 5 years with no option to extend, expiring September 2029 and July 2030. 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 and are included in facility rent on the statement of functional expense.

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

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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

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

Year Ended June 30	2025	2024
Cash paid for amounts included in the measurements of lease liabilities:		
Operating cash flows for operating leases	\$ 6,478,362	\$ 6,289,672
Cash paid for amounts included in the measurements of lease liabilities:		
Operating cash flows for variable lease payments	737,644	763,810
Noncash investing and financing activity:		
Right-of-use assets obtained in exchange for new operating lease liabilities	\$ 2,229,224	\$ -

As of June 30, 2025, maturities of operating lease liabilities were as follows:

Years Ending June 30	
2026	\$ 6,855,614
2027	7,035,492
2028	7,246,877
2029	7,464,167
2030	7,688,510
Thereafter	183,304,401
<b>Total Lease Payments</b>	<b>219,595,061</b>
Less: Present value adjustment	70,240,347
<b>Present Value of Lease Liabilities</b>	<b>\$ 149,354,714</b>

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

June 30, 2024	2025	2024
Weighted average remaining lease term:		
Operating leases	23.56 years	24.80 years
Weighted average discount rate:		
Operating leases	3.12%	3.11%

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 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 7.50% 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 post-retirement 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	2025	2024
Service cost	\$ 7,102,874	\$ 6,467,553
Interest cost	7,750,952	7,060,047
Expected (return) on plan assets	(7,787,782)	(6,874,110)
Amortization of prior service cost	13,496	13,496
Recognized net actuarial (gains) and losses	(2,016,379)	(1,710,772)
<b>Periodic Benefit Cost - Net</b>	<b>\$ 5,063,161</b>	<b>\$ 4,956,214</b>

**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 \$9,978,870 and \$8,883,232 for the years ended June 30, 2025 and 2024, respectively.

June 30	2025	2024
<b>Change in Benefit Obligation</b>		
Benefit obligation - beginning of year	\$ 139,172,442	\$ 135,302,111
Service cost	7,102,874	6,467,553
Interest cost	7,750,952	7,060,047
Assumption change (gain) or loss	(5,213,248)	(6,991,082)
Experience (gain) loss	3,187,606	1,552,022
Benefits and expenses paid	(4,395,799)	(4,218,209)
<b>Benefit Obligation - End of Year</b>	<b>\$ 147,604,827</b>	<b>\$ 139,172,442</b>
<b>Change in Fair Value of Plan Assets</b>		
Fair value of plan assets - beginning of year	\$ 112,327,742	\$ 99,574,179
Actual return on plan assets	14,014,313	9,722,225
Employer contributions	5,837,298	4,887,801
Employee contributions	2,955,443	2,361,746
Benefits and expenses paid	(4,395,799)	(4,218,209)
<b>Fair Value of Plan Assets - End of Year</b>	<b>\$ 130,738,997</b>	<b>\$ 112,327,742</b>
<b>Unfunded Defined Benefit Plan Liability</b>	<b>\$ 16,865,830</b>	<b>\$ 26,844,700</b>

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

June 30	2025	2024
<b>Unrecognized Net (Gain) or Loss</b>		
Beginning of year	\$ (45,632,447)	\$ (39,056,044)
Experience (gain) loss	3,187,606	1,552,022
Asset (gain) loss	(6,226,531)	(2,848,115)
Amortization amount	2,016,379	1,710,772
Assumption change (gain) or loss	(5,213,248)	(6,991,082)
<b>Unrecognized Net (Gain) or Loss - End of Year</b>	<b>\$ (51,868,241)</b>	<b>\$ (45,632,447)</b>

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

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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

June 30, 2025

Discount rate (benefit expense)	5.74%
Discount rate (benefit obligation)	5.74%
Expected long-term return on plan assets	6.80%
Rate of compensation increase	4.00%

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This discount rate was derived from the Above Median FTSE Pension Discount Curve as of the end of June 30, 2025, 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 5.53%. 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 \$130,738,997 are held in a pooled investment account managed by CalPERS and are considered Level 3 investments.

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

June 30	2025	2024
Beginning balances	\$ 112,327,742	\$ 99,574,179
Actual return on plan assets	14,014,313	9,722,225
Total contributions	8,792,741	7,249,547
Benefits and expenses paid	(4,395,799)	(4,218,209)
<b>End of Year</b>	<b>\$ 130,738,997</b>	<b>\$ 112,327,742</b>

The following benefit payments for the next ten years, which reflect expected future service, as appropriate, are expected to be paid at June 30, 2025 and for the years then ended:

Years Ending June 30	
2026	\$ 4,664,264
2027	5,134,722
2028	5,600,504
2029	5,930,881
2030	6,330,644
2030 - 2035 Aggregate	39,525,788
<b>Total</b>	<b>\$ 67,186,803</b>

**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	2025	2024
Nonmedical services - professional	\$ 20,539,320	\$ 9,897,777
Nonmedical services - programs	87,096,187	96,674,791
Homecare services - professional	1,322,037	1,883,751
Homecare services - program	315	-
Prevention services	24,226,312	19,143,054
Other authorized services	178,646,627	131,048,080
Personal and incidental	329,844	308,887
Hospital care	912,500	991,250
Medical equipment	50,942	37,721
Medical care - professional	9,096,184	9,036,500
Medical care - program	2,289,021	101,062
Respite - in-home	87,501,041	61,797,283
Respite - out-of-home	2,159,053	1,522,029
Camps	329,217	76,148
Prior period expenses	64,572	66,764
<b>Total Other Purchased Services</b>	<b>\$ 414,563,172</b>	<b>\$ 332,585,097</b>

**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, 2025.

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

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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**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 \$473,937 and \$626,491 for the years ended June 30, 2025 and 2024, 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 clients 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.

**12. RECLASSIFICATION**

Certain reclassifications have been made to the June 30, 2024 balances for consistency in comparing to the June 30, 2025 balances.

**DRAFT**

**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, 2025

Federal Grantor/Pass-Through Grantor/Program Title	Contract Year	Assistance Listing Number	Pass-Through Grant Number	Disbursements/ Expenditures
<b>U.S. DEPARTMENT OF EDUCATION</b>				
<b>Passed Through State of California</b>				
<b>Department of Developmental Services -</b>				
Special Education - Grants for Infants and Families with Disabilities (Part C)	24/25	84.181A	H181A240037	\$ 1,621,603
<b>California Department of Education</b>				
Individuals with Disabilities Education Act Part B, Section 611	24/25	84.027A	H027A240116	37,054
Individuals with Disabilities Education Act Part B, Section 611	22/23	84.027A	H027A220116	58,691
<b>Total U.S. Department of Education</b>				1,717,348
<b>Total Expenditures of Federal Awards</b>				\$ 1,717,348

**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, 2025. 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.

**DRAFT**

**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, 2025, 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 have not been 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, 2025. 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, 2025.

***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**

**DRAFT**

**FINDINGS AND QUESTIONED COSTS SECTION**

**South Central Los Angeles Regional Center  
For Developmentally Disabled Persons, Inc.**  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
June 30, 2025

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**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 10, 2026**

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

**Dear Client:**

**Your 2024 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 2024 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, 2026. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2026 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**

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

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 202025

**2024**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://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.

<b>1a</b> Form 990 check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>762,106,410.</u>
<b>2a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b>	_____
<b>5a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	_____
<b>6a</b> Form 990-T check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b>	_____
<b>7a</b> Form 4720 check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b>	_____
<b>8a</b> Form 5227 check here . . . . .	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b>	_____
<b>9a</b> Form 5330 check here . . . . .	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b>	_____
<b>10a</b> Form 8038-CP check here . . . . .	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b>	_____

**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 2024 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 2024 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 2024 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 2024 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

2024

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	762,106,410.
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	762,106,410.
3 Refund (Form 109, line 26)	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	0.

### Part II Settle Your Account Electronically for Taxable Year 2024

5 <input type="checkbox"/> Direct deposit of refund (Form 109 only.)
6 <input type="checkbox"/> Electronic funds withdrawal    6a Amount _____    6b Withdrawal date (mm/dd/yyyy) _____

### Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

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

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

9 Routing number _____	11 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
10 Account number _____	

### 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 5, 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 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 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 2024 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 \_\_\_\_\_    Title EXECUTIVE DIR.

### 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, 2024 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's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	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's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address			Firm's FEIN
			ZIP code

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do 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 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

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 \$ 762,106,410.

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.

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

1 Briefly describe the organization's mission or most significant activities: PROVIDES INTAKE, ASSESSMENT DIAGNOSIS, AND LIFELONG SERVICES COORDINATION. 2 Check this box 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) 17. 4 Number of independent voting members of the governing body (Part VI, line 1b) 16. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 630. 6 Total number of volunteers (estimate if necessary) 85. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-19 covering Revenue and Expenses.

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22 covering Net Assets or Fund Balances.

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 DEXTER A. HENDERSON, Date, EXECUTIVE DIR.

Paid Preparer Use Only: Preparer's name KRISTEL MAIKRANZ, CPA, Preparer's signature, Date, Check self-employed, PTIN P01429203, Firm's name AGT CPAS AND ADVISORS, Firm's address 1726 COURT ST REDDING, CA 96001, Firm's EIN 68-0146027, Phone no. (530) 241-3881

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

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 \$ 730,814,552. including grants of \$ ) (Revenue \$ 1,751,479.)

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 730,814,552.

**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)? <i>If "Yes," complete Schedule A.</i> .....	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.....	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> .....	3		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> .....	4		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? <i>If "Yes," complete Schedule C, Part III.</i> .....	5		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? <i>If "Yes," complete Schedule D, Part I.</i> .....	6		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? <i>If "Yes," complete Schedule D, Part II.</i> .....	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> .....	8		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? <i>If "Yes," complete Schedule D, Part IV.</i> .....	9	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> .....	10		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? <i>If "Yes," complete Schedule D, Part VI.</i> .....	11a		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? <i>If "Yes," complete Schedule D, Part VII.</i> .....	11b		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? <i>If "Yes," complete Schedule D, Part VIII.</i> .....	11c		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? <i>If "Yes," complete Schedule D, Part IX.</i> .....	11d	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> .....	11e	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)? <i>If "Yes," complete Schedule D, Part X.</i> .....	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> .....	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> .....	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....	14a		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> .....	14b		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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> .....	15		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> .....	16		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.....	17		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? <i>If "Yes," complete Schedule G, Part II.</i> .....	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> .....	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> .....	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....	20b		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i> .....	21		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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).		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....		
<b>c</b> 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		
<b>2a</b>	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. . . . .	<b>2a</b>	630		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			X
<b>b</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). . . . .				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>			
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
<b>b</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. . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. . . . .	<b>14b</b>			
<b>15</b>	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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 17; 1b Enter the number of voting members included on line 1a, above, who are independent... 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? [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? [X]; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? [X]; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? [X]; 6 Did the organization have members or stockholders? [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? [X]; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? [X]; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? [X]; b Each committee with authority to act on behalf of the governing body? [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. [X]

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? [X]; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? [X]; 11b 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. [X]; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? [X]; 12c 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. [X]; 13 Did the organization have a written whistleblower policy? [X]; 14 Did the organization have a written document retention and destruction policy? [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. [X]; b Other officers or key employees of the organization. SEE SCHEDULE O. [X]; 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? [X]; 16b 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? [X]

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 [X] 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 Contractors**

Check 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	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DEXTER A. HENDERSON EXECUTIVE DIR.	40 0			X			379,028.	0.	51,298.
(2) KYLA L. LEE CFO	40 0			X			301,045.	0.	29,741.
(3) JESSE ROCHA DIRECTOR OF ADULT SERVICES	40 0			X			298,432.	0.	25,982.
(4) CHERYLLE MALLINSON DIRECTOR OF COMMUNITY SERVICES	40 0			X			280,726.	0.	43,335.
(5) JENICE TURNER DIRECTOR OF CHILDREN SERVICES	40 0			X			242,847.	0.	41,177.
(6) KARMELL WALKER DIRECTOR OF HR	40 0				X		191,564.	0.	43,517.
(7) CESAR GARCIA DIRECTOR OF CLINICAL SERVICES	40 0			X			210,857.	0.	21,006.
(8) YEWHALASHET HALLEMARIAM MIS MANAGER	40 0				X		165,554.	0.	40,332.
(9) TEODORO BILBAO CHIEF OF CASE MGMT	40 0				X		163,701.	0.	34,915.
(10) ROBERT JOHNSON CONTROLLER	40 0				X		157,371.	0.	24,541.
(11) ANTONINA REYES STAFF ACCT II	40 0				X		154,113.	0.	18,229.
(12) CYNTHIA TORRES PRESIDENT	2 0	X		X			0.	0.	0.
(13) HYUNJU LEE BOARD MEMBER	2 0	X					0.	0.	0.
(14) ILLONA HENDRICK VAC CHAIR	2 0	X	X				0.	0.	0.

**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	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) NORMA HERNANDEZ BOARD MEMBER	2 0	X					0.	0.	0.
(16) ANA DASILVA BOARD MEMBER	2 0	X					0.	0.	0.
(17) SHAVON SPILLER BOARD MEMBER	2 0	X					0.	0.	0.
(18) SHERRY KIDD VICE PRESIDENT	2 0	X		X			0.	0.	0.
(19) STEPHANIE REYES BOARD MEMBER	2 0	X					0.	0.	0.
(20) RAUL MUNOZ SECRETARY	2 0	X		X			0.	0.	0.
(21) MAGALI OCHOA BOARD MEMBER	2 0	X					0.	0.	0.
(22) MIREYA ROMERO BOARD MEMBER	2 0	X					0.	0.	0.
(23) CAYCEE RICKETTS BOARD MEMBER	2 0	X					0.	0.	0.
(24) LUZ CUIEL BOARD MEMBER	2 0	X					0.	0.	0.
(25) TEYANNA WILLIAMS TREASURER	2 0	X		X			0.	0.	0.
<b>1b Subtotal</b>							2,545,238.	0.	374,073.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							2,545,238.	0.	374,073.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	81								

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>4</b> 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	
<b>5</b> 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.

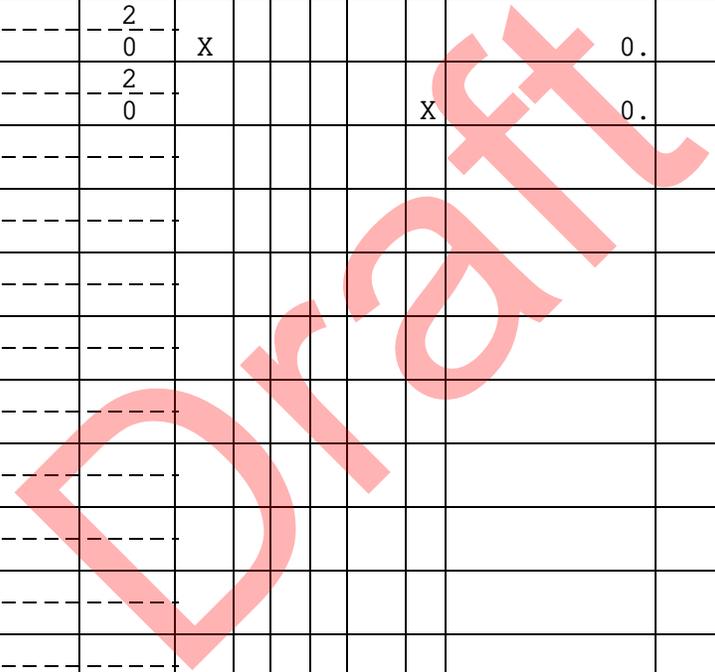
(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER HEALTHCARE SERVICES 6133 BRISTOL PKWY #350 CULVER CITY, CA 9	RESPITE	90,682,854.
LEAD THE WAY, LLC 460 E. CARSON PLAZA DRIVE, #210 CARSON, CA 90746	LIVING SERVICES	28,172,978.
24HR HOMECARE, LLC 5901 GREEN VALLEY CIRCLE #470 CULVER CITY CA, CA	RESPITE	24,659,366.
HOME GUARDIAN ANGELS 1625 W. VERNON AVE. LOS ANGELES, CA 90062	RESPITE	21,137,850.
CONGREGATE CONNECT SUPPORT LIVING SKILLS 15745 PARAMOUNT B LVD #A	LIVING SERVICES	20,959,841.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	756	

Department of the Treasury  
Internal Revenue Service

Name of the Organization <b>SOUTH CENTRAL LOS ANGELES REGIONAL</b>	Employer identification number <b>95-3861159</b>
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**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 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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RENARD STANDFORD BOARD MEMBER	2 0	X						0.	0.	0.
(2) CEDRON MCKNIGHT BOARD MEMBER	2 0	X						0.	0.	0.
(3) CHRISTELLA FRUTOS BOARD MEMBERS	2 0	X						0.	0.	0.
(4) JESUS MURILLO FORMER PRESIDENT	2 0					X		0.	0.	0.
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										



**Part VIII Statement of Revenue**

Check 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		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 756894380.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,879,992.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f		759774372.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>ICF SUPPLEMENTAL SVC INC</u>		<b>Business Code</b>			
		900099	1,751,479.	1,751,479.			
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		1,751,479.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		580,559.			580,559.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			762106410.	1,751,479.	0.	580,559.	

**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	674,429,171.	674,429,171.		
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	576,339.	0.	576,339.	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	48,412,453.	42,266,467.	6,145,986.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,095,005.	13,023,643.	2,071,362.	
10 Payroll taxes	739,150.	627,808.	111,342.	
11 Fees for services (nonemployees):				
a Management				
b Legal	509,661.		509,661.	
c Accounting	82,000.		82,000.	
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.)	680,661.		680,661.	
12 Advertising and promotion				
13 Office expenses	4,596,389.	168,206.	4,428,183.	
14 Information technology	2,366,701.		2,366,701.	
15 Royalties				
16 Occupancy	9,842,285.		9,842,285.	
17 Travel	373,856.	299,257.	74,599.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	28,011.		28,011.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,339,102.		1,339,102.	
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 <u>COMMUNICATIONS</u>	972,893.		972,893.	
b <u>EQUIPEMENT PURCHASES</u>	605,107.		605,107.	
c <u>FACILITY MAINTENANCE</u>	479,631.		479,631.	
d <u>DUES</u>	288,651.		288,651.	
e All other expenses	710,705.		710,705.	
25 Total functional expenses. Add lines 1 through 24e	762,127,771.	730,814,552.	31,313,219.	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 Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash – non-interest-bearing	33,541,042.	1	56,405,814.
	2	Savings and temporary cash investments	2,953,772.	2	2,478,489.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	183,962,986.	4	212,289,516.
	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	289,150.	9	1,024,478.
	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	178,321,616.	15	169,319,336.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	399,068,566.	16	441,517,633.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	63,951,337.	17	84,182,385.
	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	2,953,772.	21	2,478,489.
	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	331,970,654.	25	354,685,317.	
26	<b>Total liabilities.</b> Add lines 17 through 25	398,875,763.	26	441,346,191.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	192,803.	27	171,442.
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <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	<b>Total net assets or fund balances.</b>	192,803.	32	171,442.	
33	<b>Total liabilities and net assets/fund balances.</b>	399,068,566.	33	441,517,633.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	762,106,410.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	762,127,771.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-21,361.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	192,803.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	171,442.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? 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	X	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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>b</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	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public Inspection

Name of the organization <b>SOUTH CENTRAL LOS ANGELES REGIONAL CENTER FOR DEV. DISABLED PERSONS, INC.</b>	Employer identification number <b>95-3861159</b>
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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)						
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	511075342.	454496547.	529069768.	632936064.	761525851.	2889103572.
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 <b>Total.</b> Add lines 1 through 3	511075342.	454496547.	529069768.	632936064.	761525851.	2889103572.
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 <b>Public support.</b> Subtract line 5 from line 4						2889103572.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	511075342.	454496547.	529069768.	632936064.	761525851.	2889103572.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,924.	6,588.	124,205.	638,839.	580,559.	1,371,115.
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 <b>Total support.</b> Add lines 7 through 10						2897037894.
12 Gross receipts from related activities, etc. (see instructions)					12	9,120,333.
13 <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.73 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.70 %

16a **33-1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %.

19a 33-1/3% support tests-2024. 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-2023. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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?	11a	
b A family member of a person described on line 11a above?	11b	
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 <b>Part VI</b> .	11c	

**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 <b>Part VI</b> 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.	1	
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**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?	1	
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	

**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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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 <b>Part VI</b> 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.	2a		
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 <b>Part VI</b> .	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

**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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			

BAA

**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	2024	2023	2022	2021	2020
OTHER INCOME		\$3,406,858.	\$3,156,349.		
TOTAL	\$ 0.	\$3,406,858.	\$3,156,349.	\$ 0.	\$ 0.

Draft

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

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 <b>SOUTH CENTRAL LOS ANGELES REGIONAL</b>	Employer identification number <b>95-3861159</b>
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**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	\$ 757,031,171.	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.)

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

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

Employer identification number

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

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

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.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included on line 2a, Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.

- 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?
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)?
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.
1b 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.
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.

**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.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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:

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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.

<b>Part VII Investments – Other Securities</b> <span style="float: right;">N/A</span>		
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) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))		

<b>Part VIII Investments – Program Related</b> <span style="float: right;">N/A</span>		
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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))		

<b>Part IX Other Assets</b>	
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	8,276,418.
(4) DUE FROM STATE - UNFUNDED BENEFIT PLAN	16,865,830.
(5) DUE FROM STATE- ACCRUED VACATION & OTHE	3,098,792.
(6) OPERATING LEASE RIGHT OF USE ASSET	141,078,296.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))	169,319,336.

<b>Part X Other Liabilities</b>	
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	4,645,076.
(3) ACCRUED VACATION & OTHER LEAVE BENEFITS	3,098,792.
(4) ADVANCE - STATE REGIONAL CENTER CONTRACT	180,720,905.
(5) OPERATING LEASE LIABILITY - CURRENT	2,245,501.
(6) OPERATING LEASE LIABILITY - LONG-TERM	147,109,213.
(7) PENSION BENEFIT OBLIGATIONS	16,865,830.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))	354,685,317.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	762,106,410.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b>		
	<b>b</b> Donated services and use of facilities	<b>2b</b>		
	<b>c</b> Recoveries of prior year grants	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	762,106,410.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	762,106,410.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	762,127,771.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2a</b>		
	<b>b</b> Prior year adjustments	<b>2b</b>		
	<b>c</b> Other losses	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	762,127,771.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	762,127,771.

**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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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	24,081	151,564,273.			
2 DAY PROGRAMS	24,081	75,864,811.			
3 TRANSPORTATION SERVICES	24,081	32,436,915.			
4 OTHER PURCHASED SERVICES	24,081	414,563,172.			
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.**

ASSISSTANCE 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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment?                           | <b>4a</b> | X |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? | <b>4b</b> | X |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?    | <b>4c</b> | X |
- 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:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>5a</b> | X |
| <b>b</b> Any related organization? | <b>5b</b> | X |
- 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:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>6a</b> | X |
| <b>b</b> Any related organization? | <b>6b</b> | X |
- 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

**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 1 EXECUTIVE DIR.	(i)	379,028.	0.	0.	33,247.	18,051.	430,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KYL A. LEE 2 CFO	(i)	301,045.	0.	0.	18,004.	11,737.	330,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JESSE ROCHA 3 DIRECTOR OF ADULT SERVICES	(i)	298,432.	0.	0.	20,882.	5,100.	324,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CESAR GARCIA 4 DIRECTOR OF CLINICAL SERVICES	(i)	210,857.	0.	0.	16,756.	4,250.	231,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JENICE TURNER 5 DIRECTOR OF CHILDREN SERVICES	(i)	242,847.	0.	0.	19,269.	21,908.	284,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHERYLLE MALLINSON 6 DIRECTOR OF COMMUNITY SERVICES & FA	(i)	280,726.	0.	0.	18,243.	25,092.	324,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANTONINA REYES 7 STAFF ACCT II	(i)	154,113.	0.	0.	8,507.	9,722.	172,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KARMELL WALKER 8 DIRECTOR OF HR	(i)	191,564.	0.	0.	15,178.	28,339.	235,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT JOHNSON 9 CONTROLLER	(i)	157,371.	0.	0.	13,400.	11,141.	181,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TEODORO BILBAO 10 CHIEF OF CASE MGMT	(i)	163,701.	0.	0.	12,400.	22,515.	198,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
YEWHALASHET HAILEMARIAM 11 MIS MANAGER	(i)	165,554.	0.	0.	13,246.	27,086.	205,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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)												
<b>Total</b> .....						\$						

**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	528,147.	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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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 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 24,081 CLIENTS IN THE FISCAL YEAR ENDING JUNE 30, 2025.

OTHER PURCHASED SERVICES	\$414,563,172
OUT OF HOME	151,564,273
DAY PROGRAMS	75,864,811
TRANSPORTATION	32,436,915

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

-----  
TOTAL PROGRAM SERVICES \$674,429,171

OPERATING EXPENSES 56,385,381  
-----

TOTAL PROGRAM EXPENSES \$730,814,552

**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.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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.

**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.

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 7/01/2024, and ending (mm/dd/yyyy) 6/30/2025.

Corporation/Organization name SOUTH CENTRAL LOS ANGELES REGIONAL CENTER FOR DEV. DISABLED PERSONS, INC. California corporation number 1174896

A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d...

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

Table with 16 rows for Receipts and Revenues, Expenses, and Payments. Includes line items like Gross sales, Total gross receipts, Total expenses, and Balance due.

Sign Here and Paid Preparer's Use Only sections. Includes signature of officer (EXECUTIVE DIR.), preparer's signature (KRISTEL MAIKRANZ, CPA), and firm information (AGT CPAS AND ADVISORS).

CACA1112L 01/14/25

**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.**

<b>Receipts from Other Sources</b>	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.	●	7	2,332,038.
<b>Expenses and Disbursements</b>	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	2,332,038.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	674,429,171.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	576,339.
	12	Other salaries and wages	●	12	48,412,453.
	13	Interest	●	13	28,011.
	14	Taxes	●	14	739,150.
	15	Rents	●	15	9,842,285.
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule.	●	17	28,100,362.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	762,127,771.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		36,494,814.	●	58,884,303.
2	Net accounts receivable		183,962,986.	●	212,289,516.
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			●	
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM 4		178,610,766.	●	170,343,814.
13	<b>Total assets</b>		399,068,566.		441,517,633.
<b>Liabilities and net worth</b>					
14	Accounts payable		63,951,337.	●	84,182,385.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 5		334,924,426.		357,163,806.
19	Capital stock or principal fund		192,803.	●	171,442.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		399,068,566.		441,517,633.

**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	●	-21,361.	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.	●	
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.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			Subtract line 9 from line 6	●	
6	<b>Total.</b> Add line 1 through line 5	●	-21,361.			●	-21,361.

**Schedule B  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

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 <b>SOUTH CENTRAL LOS ANGELES REGIONAL</b>	Employer identification number <b>95-3861159</b>
---	---

**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	\$ 757,031,171.	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.)

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

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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 INVESTMENT INCOME.....	\$	580,559.
PROGRAM SERVICE REVENUE.....		1,751,479.
	TOTAL	<u>\$ 2,332,038.</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:		\$151,564,273.

CLASS OF ACTIVITY:	DAY PROGRAMS	
DONEE'S NAME - IND	CA DEPT OF DEV SVC	
CASH AND NONCASH AMOUNT:		75,864,811.

CLASS OF ACTIVITY:	TRANSPORTATION SERVICES	
DONEE'S NAME - IND	CA DEPT OF DEV SVC	
CASH AND NONCASH AMOUNT:		32,436,915.

CLASS OF ACTIVITY:	OTHER PURCHASED SERVICES	
DONEE'S NAME - IND	CA DEPT OF DEV SVC	
CASH AND NONCASH AMOUNT:		414,563,172.

TOTAL \$674,429,171.

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

ACCOUNTING FEES.....	\$	82,000.
COMMUNICATIONS.....		972,893.
DUES.....		288,651.
EQUIPEMENT PURCHASES.....		605,107.
EQUIPMENT MAINTENANCE.....		213,713.
EQUIPMENT RENTAL.....		138,182.
FACILITY MAINTENANCE.....		479,631.
INFORMATION TECHNOLOGY.....		2,366,701.
INSURANCE.....		1,339,102.
LEGAL FEES.....		509,661.
OFFICE EXPENSES.....		4,596,389.
OTHER EMPLOYEE BENEFIT.....	15,	095,005.
OTHER FEES.....		680,661.
POSTAGE AND SHIPPING.....		282,134.
PRINTING AND PUBLICATIONS.....		76,676.
TRAVEL.....		373,856.
	TOTAL	<u>\$28,100,362.</u>

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

DUE FROM STATE - LEASES.....	8,276,418.
DUE FROM STATE - UNFUNDED BENEFIT PLAN.....	16,865,830.
DUE FROM STATE- ACCRUED VACATION & OTHE.....	3,098,792.
OPERATING LEASE RIGHT OF USE ASSET.....	141,078,296.
PREPAID EXPENSES AND DEFERRED CHARGES.....	1,024,478.
TOTAL	<u>\$ 170,343,814.</u>

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

ACCRUED LIABILITIES.....	4,645,076.
ACCRUED VACATION & OTHER LEAVE BENEFITS.....	3,098,792.
ADVANCE - STATE REGIONAL CENTER CONTRACT.....	180,720,905.
ESCROW ACCOUNT LIABILITY.....	2,478,489.
OPERATING LEASE LIABILITY - CURRENT.....	2,245,501.
OPERATING LEASE LIABILITY - LONG-TERM.....	147,109,213.
PENSION BENEFIT OBLIGATIONS.....	16,865,830.
TOTAL	<u>\$ 357,163,806.</u>



MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

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.

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER FOR DEV. DISABLED PERSONS, INC.		Check if:	
Name of Organization		<input type="checkbox"/>	Change of address
List all DBAs and names the organization uses or has used		<input type="checkbox"/>	Amended report
2500 SOUTH WESTERN AVENUE		<input type="checkbox"/>	Organization requests email notifications
Address (Number and Street)		State Charity Registration Number <u>CT052638</u>	
LOS ANGELES, CA 90018		Corporation or Organization No. <u>1174896</u>	
City or Town, State, and ZIP Code		Federal Employer ID No. <u>95-3861159</u>	
(213) 744-7000			
Telephone Number		DEXTERH@SCLARC.ORG	
		Email Address	

### 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 – ACTIVITIES

For your most recent full accounting period (beginning 7/01/24 ending 6/30/25) list:

Total Revenue \$ (including noncash contributions) 762,106,410. Noncash Contributions \$ 0. Total Assets \$ 441,517,633.

Program Expenses \$ 730,814,552. Total Expenses \$ 762,127,771.

### 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.

Signature of Authorized Agent	DEXTER A. HENDERSON	Printed Name	EXECUTIVE DIR.	Title	Date
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**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.

ILLONA HENDRICK IS THE OWNER OF HENDRICK HOME TRANSPORTATION AND ILLONA HENDRICK, HENDRICK'S HOME AND SITS ON THE BOARD OF TRUSTEES AS A VENDOR REPRESENTATIVE PURSUANT WITH THE LANTERMAN ACT.

TOTAL PAYMENTS TO THESE VENDORS IN 2025 WAS \$528,147.

**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 6/30/25 FINANCIAL STATEMENTS.

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

REPORT TO THE BOARD OF DIRECTORS

**June 30, 2025**

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

We have audited the financial statements of South Central Los Angeles Regional Center for Developmentally Disabled Persons, Inc. (SCLARC), as of and for the year ended June 30, 2025, and have issued our report thereon dated DATE. Professional standards require that we advise you of the following matters relating to our audit.

### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated July 24, 2025, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of the system of internal control over financial reporting as a basis for designing 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 over financial reporting. Accordingly, as part of our audit, we considered the system of internal control of SCLARC solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We have provided our comments regarding other matters noted during our audit in a separate letter to you dated DATE.

### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, as appropriate, our firm, and our network firms have complied with all relevant ethical requirements regarding independence.

Safeguards have been implemented to reduce the threats on our independence. These safeguards include continuing education related to independence and ethics requirements; external peer review of our firm's quality control system; our firm's internal policies and procedures which are designed to monitor compliance with the independence requirements; and the involvement of another firm member who is responsible for completing an independent technical or quality control review of the financial statements.

### **Significant Risks Identified**

We have identified the following significant risks:

- Improper revenue recognition – standard audit risk
- Management override of internal controls – standard fraud risk
- Estimates for doubtful receivable accounts – audit risk
- Pension obligation valuation – audit risk
- Inflated vendor invoices – fraud risk
- Journal entries – standard fraud risk
- Multiple grant years open at once – audit risk
- Reclassification of administrative expenses – fraud risk
- Misclassification of expenses – fraud risk
- No management vacations – fraud risk

### **Qualitative Aspects of the Organization's Significant Accounting Practices**

#### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by SCLARC is included in Note 1 to the financial statements. As described in Note 1 to the financial statements, during the year, the entity early adopted ASU 2025-05 Financial Instruments Credit Losses (Topic 326) Measurement of Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets for Private Companies and Certain Not-For-Profit Entities. The adoption of this standard and the election of the practical expedient did not have a material impact on SCLARC's financial statements. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

### *Significant Accounting Estimates*

Accounting estimates and related disclosures are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statements are Receivable – State Regional Center contracts, pension obligation valuation and the allocation of functional expenses. Management's estimate of the Receivable – State Regional Center contracts is based on management's historical experience of collection and collection made subsequent to year-end. Management's estimate of the pension obligation valuation is based on the actuarial report provided by a third-party. Management's estimate of the functional expense allocation is based on the proportion of staff salaries applicable to each program. We evaluated the factors and assumptions used to develop the estimates and determined that they are reasonable in relation to the basic financial statements taken as a whole.

### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The financial statement disclosures are neutral, consistent, and clear.

### **Significant Unusual Transactions**

For purposes of this communication, professional standards require us to communicate to you significant unusual transactions identified during our audit. During the year we did not note any significant unusual transactions that needed to be brought to the attention of management.

### **Significant Difficulties Encountered During the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. The attached schedule summarizes uncorrected financial statement misstatements whose effects in the current and prior periods, as determined by management, are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. Uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even though the uncorrected misstatements are immaterial to the financial statements currently under audit.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. None of the misstatements identified by us as a result of our audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

#### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to SCLARC's financial statements or the auditors' report. No such disagreements arose during the course of the audit.

#### **Circumstances that Affect the Form and Content of the Auditor's Report**

For purpose of this letter, professional standards require that we communicate any circumstances that affect the form and content of our auditor's report. There were no such circumstances to communicate.

#### **Representations Requested from Management**

We have requested certain written representations from management, which are included in the management representation letter dated DATE.

#### **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

#### **Other Significant Matters, Findings or Issues**

In the normal course of our professional association with SCLARC, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, significant events or transactions that occurred during the year, operating conditions affecting SCLARC, and operating plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as SCLARC's auditors.

This report is intended solely for the information and use of the Board of Directors and management of SCLARC and is not intended to be and should not be used by anyone other than these specified parties.

AGT CPAs & Advisors  
Redding, California  
DATE

**South Central Los Angeles Regional Center  
 For Developmentally Disabled Persons, Inc.**  
 PROPOSED JOURNAL ENTRIES  
 June 30, 2025

---

Account	Description	Debit	Credit
<b>Proposed Journal Entry #1</b>			
Audit identified adjustment: To accrue estimated settlement liability related to pending litigation.			
01-00-00-02020-05	RECEIVABLE OTHER	\$ 4,900,000	
01-01-00-30140-00	LEGAL FEES ADM	4,900,000	
01-00-00-10040-00	ACCOUNTS PAYABLE		\$ 4,900,000
01-00-00-20050-00	OTHER INCOME		4,900,000
<b>Total</b>		<b>\$ 9,800,000</b>	<b>\$ 9,800,000</b>

DRAFT



**South Central Los Angeles Regional Center**  
**Statement of Financial Position**  
**as of January 2026**

	A	B	C	D
1				
2	<b>ASSETS</b>	<b>2026</b>	<b>2025</b>	<b>Net Change</b>
3				
4	Cash and Cash Equivalents	\$ 115,969,752	\$ 84,363,895	\$ 31,605,857
5				
6	State Receivable	148,288,111	140,695,111	7,593,000
7	Due from Client Trust	2,422,258	1,652,166	770,092
8	Due from Grants	85,503	839,360	(753,857)
9	Other Receivables	570,260	1,455,930	(885,670)
10	Total Receivables	151,366,132	144,642,567	6,723,564
11		-		
12	Prepaid Expenses	131,159	519,955	(388,796)
13	Total Current Assets	<b>267,467,043</b>	<b>229,526,418</b>	<b>37,940,625</b>
14				
15	State Equipment	1,185,779	1,185,779	-
16	Less: Allowance for State Equipment	(1,185,779)	(1,185,779)	-
17		-	-	
18				
19	Cash in Bank - Grant Funds	-	-	-
20	Less: Restricted Grant Funds	-	-	-
21		-	-	
22	Deferred Charges	157,872	157,872	-
23				
24	<b>TOTAL ASSETS</b>	<b>\$ 267,624,915</b>	<b>\$ 229,684,288</b>	<b>\$ 37,940,626</b>
25				
26				
27	<b>LIABILITIES</b>			
28	Accounts Payable	\$ 49,909,709	\$ 44,800,671	\$ 5,109,038
30	Payroll & Payroll Taxes Payables	(1,715)	(2,673)	\$ 959
29	Other Payables	32,046	-	32,046
30	Benefits Payable	25,652	(817)	26,468
31	Total Accounts Payable	<b>49,965,692</b>	<b>44,797,181</b>	<b>5,168,511</b>
32				
33	Due to State	217,659,223	184,887,109	32,772,114
34				
35				
36	<b>TOTAL LIABILITIES</b>	<b>\$ 267,624,915</b>	<b>\$ 229,684,288</b>	<b>\$ 37,940,626</b>



Enter Number of Months Claimed <b>4 for Dec 10th report, once 12 is reached leave at 12)</b>	<b>7</b>
Date of POS Payments Cut-Off:	<b>January 31, 2026</b>

**REPORT DATE: March 10, 2026**

**SOUTH CENTRAL LOS ANGELES REGIONAL CENTER**

**POS EXPENDITURE PROJECTION (PEP) SUMMARY**

**Fiscal Year 2025-2026**

**Actual Expenditures through January**

**NON-CPP EXPENDITURES (Regular POS Monthly Claims)**

	CURRENT MONTH	Enter Prior Month	CHANGES
	High Estimate	High Estimate	High Estimate
<b>Estimated Cost of Current Services</b>	<b>\$709,846,117</b>	<b>\$691,035,018</b>	<b>\$18,811,099</b>
<b>Estimated Growth</b>	<b>\$10,603,692</b>	<b>\$14,687,525</b>	<b>(\$4,083,833)</b>

**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.	<b>(\$1,545,669)</b>	<b>(\$1,545,669)</b>	<b>0</b>
2. SSI/SSP Restoration (Not Yet Paid)	<b>\$118,800</b>	<b>\$237,599</b>	<b>(\$118,799)</b>
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>TOTAL ESTIMATED EXPENDITURES</b>	<b>\$719,022,940</b>	<b>\$704,414,473</b>	<b>\$14,608,467</b>



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](http://www.dds.ca.gov)



GAVIN NEWSOM  
GOVERNOR

**EXHIBIT I**  
**COVER LETTER AND CONTRACT AMENDMENT INSTRUCTIONS**

**Attn: Regional Center Director**  
**Contracting Agency President**  
**Regional Center Administrator**

Contract Number: RC Contract, Series B, Amendment 3

Subject: New Contract Language on Regional Center Public Records Act Data De-Identification

Dear Contractor:

Attached are the STD 213A Standard Agreement and exhibits for your B-3 amendment. Please note, this is a language only amendment, no funding has changed.

The attached contract includes revisions to Article I Item 10 “Transparency and Access to Public Information” and similar language in Exhibit F (HIPAA/HITECH assurances) Item 6 “Safeguarding Protected Health Information” identifying de-identification requirements for Public Records Acts requests. For clarity and consistency, please refer to the [Data De-Identification Guidelines](#) on the Department’s website for details on how to protect personal privacy while providing public transparency.

Please return a signed copy of your STD 213A to [jacob.thomas@dds.ca.gov](mailto:jacob.thomas@dds.ca.gov) as soon as possible, via email, and cc [rccontracts@dds.ca.gov](mailto:rccontracts@dds.ca.gov). Please do not return the contract exhibits—only the STD 213A is needed.

Should you have questions or concerns about the contract process, please send them to [rccontracts@dds.ca.gov](mailto:rccontracts@dds.ca.gov).

Sincerely,

Jacob Thomas  
Contract Analyst

Enclosures

**EXHIBIT A - REGIONAL CENTER CONTRACT LANGUAGE**  
**South Central Los Angeles Regional Center for Developmentally Disabled**  
**Persons**

**FISCAL YEAR 2025-2026**

**REGIONAL CENTER MASTER CONTRACT INDEX**  
(Revised ~~September 15, 2025~~ January 21, 2026)

**ARTICLE I:                   STANDARD TERMS AND CONDITIONS**

Section	1	Amount of Contract
	2	Term of Contract
	3	Exhibits
	4	Definitions
	5	Control Requirements
	6	Contractor Service Area or Counties
	7	Copyrights/Patents
	8	Zero Tolerance Policy
	9	Whistleblower Policy
	10	Transparency and Access to Public Information
	11	Conflict of Interest
	12	Rights and Privileges Limitations
	13	Contract Titles Statement
	14	Restricting Use of State Funds
	15	Payment of Accrued Benefits
	16	Procedures for Employee Retention

**ARTICLE II:                 PROGRAM PROVISIONS**

Section	1	Utilization of Public and Private Resources
	2	Resource Development
	3	Contracting Policy
	4	Federal Funds
	5	Service Standards
	6	Community Placement Plan
	7	Out-of-State Services
	8	Mental Health Facilities
	9	Specialized Resources
	10	Self-Determination Program
	11	Out-of-State Children
	12	Service Provider Termination of Vendorization
	13	Communication Assessments

**ARTICLE III:               FISCAL PROVISIONS**

Section	1	Budget Development Process
	2	Allocation of Funding to Contractor
	3	Advance Payment Provisions
	4	Payment Provisions
	5	Budget Category Transfers
	6	Contract Funding Stipulations
	7	Travel and Per Diem
	8	Independent Financial Audit
	9	Vendor Fiscal Monitoring
	10	Consumer Trust Accounts
	11	Foundation Support

## EXHIBITS

- A Contract Budget Summary
- B Home and Community-Based Services Waiver  
Regional Center Fiscal Agent Responsibilities
- C Performance Plan
- D Early Start Statement of Assurances
- E Community Placement Plan and Community Resource  
Development Plan Statement of Assurances
- F Statement of Assurances for Protection of Protected Health  
Information
- G Medicaid Enrollment Requirements
- H General Terms and Conditions
- I Contractor Certification Clauses

- 4) Ensure that a process is in place to investigate and take appropriate action on complaints, including complaints of retaliation.
  - 5) Address complainant confidentiality, consistent with the State's Whistleblower Policy, including consumer health and safety, and;
  - 6) Include a process for annually notifying employees and board members of both the regional center's and the State's Whistleblower policies and for posting and maintaining the regional center's whistleblower policy prominently on its website. As part of their eligibility determination and vendorization processes, regional center shall also inform all new clients/families and new vendors of the regional center's and the State's Whistleblower policies.
- c. In addition, Contractor shall ensure that the regional center's and the State's Whistleblower Policies are posted on the regional center's website.
- d. Contractor shall review and provide, at minimum, annual training to all board members regarding the regional center governing board's approved Whistleblower Policy to include, but not be limited to the board's role in implementing the policy.

## **10. Transparency and Access to Public Information**

- a. Contractor shall comply with the California Public Records Act per A.B. 1147 effective January 1, 2026. In releasing data and information to the public, Contractor shall de-identify confidential protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. 164.514 (b). In addition, prior to producing aggregate data and information to the public, Contractor shall utilize (at a minimum) the standards within the Department of Developmental Services' Data De-Identification Guidelines (DDG), version 1, January 23, 2023, or any amended DDG published thereafter.
- b. Contractor shall adopt, maintain, and post on its Internet Web site a board-approved policy regarding transparency and access to public information. The transparency and public information policy shall provide for timely public access to information, including, but not limited to, information regarding requests for proposals and contract awards, service provider rates, documentation related to establishment of negotiated rates, audits, and IRS Form 990. The transparency and public information policy shall be in compliance with applicable law relating to the confidentiality of consumer service information and records, including, but not limited to, W&I Code Section 4514.

c. To promote transparency, Contractor shall include on its Internet Web site, as expeditiously as possible, at least all of the following:

- 1) Regional center annual independent audits.
- 2) Biannual fiscal audits conducted by the State.
- 3) Regional center annual reports pursuant to W&I Code Section 4639.5.
- 4) Contract awards, including the organization or entity awarded the contract, and the amount and purpose of the award.
- 5) POS policies and any other policies, guidelines, or regional center- developed assessment tools used to determine the transportation, personal assistant, or independent or supported living service needs of a consumer.
- 6) The names, types of service, and contact information of all vendors, except consumers or family members of consumers.
- 7) Board meeting agendas and approved minutes of open meetings of the board and all committees of the board.
- 8) Bylaws of the regional center governing board.
- 9) The annual performance contract and year-end performance contract report entered into with the State pursuant to W&I Code Division 4.5.
- 10) The biannual Home and Community-based Services (HCBS) Waiver program review conducted by the State and the Department of Health Care Services (DHCS).
- 11) The board-approved transparency and public information policy.
- 12) The board-approved conflict-of-interest policy.
- 13) A link to the page on the State's website, specified in W&I Code Section 4629.5(d).
- 14) The salaries, wages, and employee benefits for all managerial positions for which the primary purpose is the administrative management of the regional center, including, but not limited to, directors and chief executive officers.

- 15) Regional center-specific reports generated pursuant to, and for the purposes of W&I Code Section 4571(h).
- 16) The Zero Tolerance Policy pursuant to Section 17 of this Article.
- 17) Regional center data pursuant to W&I Code Section 4519.5 and Article VII, Section 6 of this contract.

#### **10. ~~Transparency and Access to Public Information~~**

- a. ~~Contractor shall adopt, maintain, and post on its Internet Web site a board-approved policy regarding transparency and access to public information. The transparency and public information policy shall provide for timely public access to information, including, but not limited to, information regarding requests for proposals and contract awards, service provider rates, documentation related to establishment of negotiated rates, audits, and IRS Form 990. The transparency and public information policy shall be in compliance with applicable law relating to the confidentiality of consumer service information and records, including, but not limited to, W&I Code Section 4514.~~
- b. ~~To promote transparency, Contractor shall include on its Internet Web site, as expeditiously as possible, at least all of the following:~~
  - 1) ~~Regional center annual independent audits.~~
  - 2) ~~Biannual fiscal audits conducted by the State.~~
  - 3) ~~Regional center annual reports pursuant to W&I Code Section 4639.5.~~
  - 4) ~~Contract awards, including the organization or entity awarded the contract, and the amount and purpose of the award.~~
  - 5) ~~POS policies and any other policies, guidelines, or regional center-developed assessment tools used to determine the transportation, personal assistant, or independent or supported living service needs of a consumer.~~
  - 6) ~~The names, types of service, and contact information of all vendors, except consumers or family members of consumers.~~
  - 7) ~~Board meeting agendas and approved minutes of open meetings of the board and all committees of the board.~~
  - 8) ~~Bylaws of the regional center governing board.~~
  - 9) ~~The annual performance contract and year-end performance contract report entered into with the State pursuant to W&I Code Division 4.5.~~

- ~~10) The biannual Home and Community-based Services (HCBS) Waiver program review conducted by the State and the Department of Health Care Services (DHCS).~~
- ~~11) The board-approved transparency and public information policy.~~
- ~~12) The board-approved conflict-of-interest policy.~~
- ~~13) A link to the page on the State's website, specified in W&I Code Section 4629.5(d).~~
- ~~14) The salaries, wages, and employee benefits for all managerial positions for which the primary purpose is the administrative management of the regional center, including, but not limited to, directors and chief executive officers.~~
- ~~15) Regional center-specific reports generated pursuant to, and for the purposes of W&I Code Section 4571(h).~~
- ~~16) The Zero Tolerance Policy pursuant to Section 17 of this Article.~~
- ~~17) Regional center data pursuant to W&I Code Section 4519.5 and Article VII, Section 6 of this contract.~~

## **11. Conflict of Interest**

- a. For purposes of compliance with W&I Code Section 4626, the Conflict of Interest Statements (Form DS 6016) required to be completed pursuant to California Code of Regulations, Title 17 (Cal. Code Regs., Title 17), Section 54500-54535 shall be used until such time as the State issues emergency regulations and develops and publishes a standard conflict of interest reporting statement pursuant to W&I Code Section 4626(e).
- b. Contractor shall review and provide, at minimum, annual training to all board members regarding the regional center governing board's approved Conflict of Interest Policy.
- c. Contractor shall ensure that all board members understand and carry out their obligations to implement and appropriately monitor all approved conflict resolution plans for governing board members (i.e., have received and reviewed copies of approved resolutions plans, ensure board members with conflicts do not participate in discussions and/or vote on matters for which a conflict exists).

## **12. Rights and Privileges Limitations**

No rights or privileges granted under this contract shall inure to the benefit of any person not a party to this agreement.

45 CFR § 164.510;

- f. Disclosures made pursuant to national security or intelligence purposes as provided in 45 CFR § 164.512(k)(2);
  - g. Disclosures made to correctional institutions or law enforcement as provided in 45 CFR § 164.512(k)(5); and
  - h. Disclosures that are part of a limited data set in accordance with 45 CFR § 164.514(e).
- 3) Contractor shall provide an accounting of disclosures of PHI to DDS or an individual for the six years prior to the date of the request, in accordance with 45 CFR § 164.528 (a)(1), subject to the exceptions listed therein. Contractor shall respond in writing to a request for accounting of disclosures within thirty (30) calendar days of receipt of the request by producing the accounting of disclosures or verifying there were no disclosures.

## **5. *Uses and Disclosures Not Provided for by this Agreement***

- A. ***Mitigation***. In accordance with 45 CFR § 164.530 (f), Contractor shall mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI in violation of the requirements of this Agreement.
- B. ***Requests to Restrict PHI***. Contractor shall not disclose PHI about an individual to a health plan for payment or health care operations purposes if PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full and the individual requests such restriction, in accordance with 42 USC § 17935(a) and 45 CFR 164.522(a).
- C. ***No Remuneration Without Written Consent***. In accordance with 42 USC § 17935(d)(1), Contractor shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written consent of DDS and a valid HIPAA authorization under 45 CFR § 164.508.

## **6. Safeguarding Protected Health Information**

- a. In accordance with 45 CFR § 164.504(e)(2)(ii)(B) and 45 CFR Part 164, Subpart C, Contractor shall use appropriate safeguards to prevent use or disclosure of PHI, including electronic PHI, except as provided in this Agreement or as required by law.
- b. In accordance with 45 CFR Part 164, Subpart C and 45 CFR § 164.314(a)(2)(i)(A) & (B), Contractor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, it creates, receives, maintains, or transmits, including in an

electronic format, on behalf of DDS to prevent unauthorized access, viewing, use, disclosure or breach of PHI, other than as provided for by this Agreement or required by law.

- c. Prior to releasing health information to the public, Contractor shall de-identify PHI in accordance with the HIPAA, 45 C.F.R. 164.514 (b). In addition, Contractor shall utilize (at a minimum) the standards within the Department of Developmental Services' Data De-Identification Guidelines (DDG), version 1, January 23, 2023, or any amended DDG published thereafter.
- d. Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of Contractor's operations and the nature and scope of its activities, and which incorporates the requirements of Section 7, Security, below.
- e. ***Privacy Officer.*** Contractor shall designate a Privacy Officer/Coordinator who shall: (1) develop policies and procedures on PHI that comply with this Agreement, HIPAA, HIPAA Regulations, the HITECH Act, and any more stringent applicable state law protecting PHI; (2) receive complaints/notices pertaining to breaches, and process those complaints/notices in accordance with Section 10, herein; and (3) be the point of contact for communication on privacy matters with DDS. Contractor shall notify DDS's privacy and security officers of the individual designated as Privacy Officer and his/her appropriate contact information (including telephone, work address and email) upon execution of this Agreement, and within 10 calendar days of any changes or annually per DDS Technical Bulletin 479.

## ***6. Safeguarding Protected Health Information***

- A. ~~In accordance with 45 CFR § 164.504(e)(2)(ii)(B) and 45 CFR Part 164, Subpart C, Contractor shall use appropriate safeguards to prevent use or disclosure of PHI, including electronic PHI, except as provided in this Agreement or as required by law.~~
- B. ~~In accordance with 45 CFR Part 164, Subpart C and 45 CFR § 164.314(a)(2)(i)(A) & (B), Contractor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, it creates, receives, maintains, or transmits, including in an electronic format, on~~

~~behalf of DDS to prevent unauthorized access, viewing, use, disclosure or breach of PHI, other than as provided for by this Agreement or required by law.~~

~~C. Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of Contractor's operations and the nature and scope of its activities, and which incorporates the requirements of Section 7, Security, below.~~

~~D. **Privacy Officer.** Contractor shall designate a Privacy Officer/Coordinator who shall: (1) develop policies and procedures on PHI that comply with this Agreement, HIPAA, HIPAA Regulations, the HITECH Act, and any more stringent applicable state law protecting PHI; (2) receive complaints/notices pertaining to breaches, and process those complaints/notices in accordance with Section 10, herein; and (3) be the point of contact for communication on privacy matters with DDS. Contractor shall notify DDS's privacy and security officers of the individual designated as Privacy Officer and his/her appropriate contact information (including telephone, work address and email) upon execution of this Agreement, and within 10 calendar days of any changes or annually per DDS Technical Bulletin 479.~~

## **7. Security**

A. Contractor shall ensure the security of all computerized data systems containing PHI in compliance with HIPAA, HIPAA Regulations, the HITECH Act, and in accordance with 45 CFR § 164.502(e), and the standards provided by National Institute of Standards and Technology (NIST). These steps shall include, at a minimum, but not be limited to:

- 1) Ensuring appropriate security levels to maintain the confidentiality, integrity and availability of PHI and electronic PHI in accordance with 45 CFR Part 164, Subpart C;
- 2) Protecting against any reasonably anticipated threats or hazards to the security or integrity of PHI and electronic PHI in accordance with 45 CFR 164.306(a)(2);
- 3) Protecting against any reasonably anticipated uses or disclosures of PHI and electronic PHI that are not permitted or required under 45 CFR Part 164, Subpart E, in accordance with 45 CFR 164.306(a)(3);
- 4) Requiring encryption of electronic PHI that is stored or transmitted using portable computing devices (including, but not limited to, tablets, smartphones, laptops and notebook computers, electronic tapes) and/or portable electronic storage media (e.g., CD, DVD, flash drives, etc.) or through utilization of cloud services (including but not limited to Software as a Service, Infrastructure as a Service, Platform as a Service, or other cloud computing service), except in the limited circumstances where an individual, or individual's authorized representative, provides a written request to have

**SCLARC  
B-1 thru B-4 Allocation  
Fiscal Year 2025\_26**

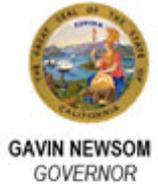
Description	Allocation Name	Allocation Amount	Sub-Totals	Explanations
Operations	B-1	72,711,526		Allocation for general operations - personnel, benefits, supplies, etc.
ABX2 (Managed Care Organization)	B-1	2,052,850		allocation to increase RC's staffing, benefits, and administrative expenses - appropriated in Statutes of 2016
Administrative Cost	B-1	93,172		Allocation for general operations - personnel, rent, supplies, etc.
Improve Service Coordinator Caseload Ratios	B-1	1,023,440		Allocation to hire additional Service coordinators to improve caseload ratios-- approved in 2016 Budget Act
Resources to Implement ABX2 1	B-1	99,143		ABX2 1 Employment Specialist Salary
Resources to Implement ABX2 1	B-1	99,143		ABX2 1 Cultural Specialist Salary
Compliance with HCBS Regulations	B-1	67,714	76,146,988	Funding supports: maintaining avg SC caseload ratios 1:62; performing quarterly face-to face visits with Consumers living out of the home, monitoring health status, developing IPP's
Less B-1	B-2	(76,146,988)		Less B-1
Prior Year staff adjustments	B-2	(2,681,703)		Prior Year staff adjustments
Family Resource Center	B-2	219,505		Funds to support the Family Resource Center
Core Staffing and Operating Expenses	B-2	44,455,916		Core Staffing and Operating Expenses
Facility Rent & Allowable Utilities and Maintenance	B-2	7,309,356		Facility Rent & Allowable Utilities and Maintenance
Add B-1 Policy	B-2	3,435,462		Policy funds awarded by DDS
BHT Psych Evaluation for FFS Consumers	B-2	36,837		Funds based on RC's pro-rata share of fee-for-service consumers under 21 yrs. old with or without Autism Spectrum Disorder
Family Home Agency Oversight	B-2	75,663		RC expansion of oversight efforts - DDS allocated 50% of the funds
Forensic Diversion	B-2	53,400		Allocated based on RC share of incarcerated consumers
Certified START Network Fee	B-2	55,000		
SDP Regional Operations/ Salary	B-2	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	B-2	106,714		Allocation for one position for each RC
SDP Participant Supports	B-2	120,920		Support to assist selected participants in their transition into the SDP. Funds were allocated to each RC proportionate to participants in their programs
Emergency Coordinators (Policy in contract)	B-2	119,048		One position to coordinate emergency response to fires, pandemics, active shooter, earth quakes, etc. allocated 100% of funds
Early Start Part C (Early Start) to Part B (Special Education) Transition	B-2	150,809		Funding for one IDEA Specialists at each RC to train and support SC's in guiding families from Early Start to Special Education services
Specialized Deaf Service Coordinator (Policy in contract)	B-2	221,477		One SC position to provide additional resources to support individuals who are deaf
Trauma Informed Services for Foster Youth	B-2	213,333		Serve DDS consumers in foster care-- the funding for 2 years only FY20 and FY21
Specialized Home monitoring -(Policy in contract)	B-2	305,815		Required monitoring provided by a licensed nurse/behavior specialist with a 1:4 ratio
Compliance with Federal HCBS Requirements	B-2	393,510		Funding supports: maintaining avg SC caseload ratios 1:62; performing quarterly face-to face visits with Consumers living out of the home, monitoring health status, developing IPP's
Early Start Eligibility	B-2	578,624		DDs amended the criteria to qualify for early intervention services from 33% delay to 25% delay- taking into account fetal alcohol syndrome, and separating communication delays into expressive and receptive categories. funds are for staff due to increased enrollment.
Rate Reform Implementation (not in contract)	B-2	607,434		Three positions to support the rate reform increase allocated 60% of funds
Enhanced Service Coordinators (1:40)	B-2	583,353		Five SC positions to support consumers with low or no POS services, allocated 100% of funds
Language Access and Cultural Competency	B-2	746,832		Allocated based on RC's Plans
Specialized Caseload Ratio (1:25)	B-2	1,188,218		Allocated one position per RC the balance on each RC pro-rata share of consumers in Status 2 as of the June 2021 client master file report. Consumers have complex needs.
Lanterman Act Provisional Eligibility ages 3 & 4 (not in contract)	B-2	2,766,279		Funds awarded of additional early intervention- to due delayed diagnosis and gap in services, due to the pandemic, creating long-term impacts increasing the likelihood of life long Lanterman services. Allocated 100% of funds
Performance Incentives Reduced Caseload Ratios (not in contract)	B-2	7,163,938		Reduction of RC caseload reductions, incentive RC to meet performance standards
Reduced Caseload Ratio for Children through Age 5	B-2	11,144,125		Reduce SC's case load ratio birth - 5yrs to 1:40 enhance participation in IEP mtgs, access generic resources, increased family visits, etc. Funds are for SC's and PM the PM ratio is 1:10 SC

**SCLARC**  
**B-1 thru B-4 Allocation**  
**Fiscal Year 2025\_26**

Description	Allocation Name	Allocation Amount	Sub-Totals	Explanations
Oversight and Accountability	B-2	215,152		Funds for a position to implement the rate adjustments an increase RC transparency and accountability
Public Records Act	B-2	437,905		RC funds for staff to help implement the Public Records Act
Projects- IT Hardware/Software	B-2	22,650		IT Hardware/Software, Increased access to Mental Health Svcs
Nursing Home Reform	B-2	16,859		New Allocation based on total actual expenditures from 7/22 - 6/23
Federal Medicaid Requirement RC's HCBS	B-2	39,973		New Allocation based on active vendors in FY22-23 by RC's of \$100k or less, excluding SC 065,400,655,& 660
Targeted Case Management Operation cost for TCM Activities	B-2	248,093		New Targeted Case Management - allocation based on the total actual billable units from 11/22 - 4/23
HCBS- Compliance with HCBS Regulations	B-2	441,429		(New) One position in community Services to address and sustain alignment with federal requirements necessary to receive federal funding for HCBS - community based programs
HCBS- Increase Case Managers to Meet HCBS Waiver Requirements	B-2	720,538		Allocation based on Consumer enrolled on the HCBS waiver from 7/22 - 6/23
HCBS- HCBS Waiver Operations Costs	B-2	1,149,673		Allocated per Department guidelines
Staff Collection of FFP Contracted Services	B-2	84,343		New Allocation for one Community Program Specialist I and one Account Clerk II (each RC received this funding)
DC Closure Ongoing Workload	B-2	2,698		OPS CPP/CRDP - Allocated based on Department Approvals- Ongoing DC closure
CPP/CRDP	B-2	611,736		OPS CPP/CRDP - Allocated based on Department Approvals
DC Closure	B-2	245,052		OPS CPP/CRDP - Allocated based on Department Approvals- Ongoing DC closure
No Allocation	B-3	-		No funding for this allocation only contract language
No Allocation	B-4	-		No Operational Funding only POS
Total B-2			7,545,549	
<b>Total Operation Allocation B1 thru B-2</b>		<b>83,692,537</b>	<b>83,692,537</b>	
Non-CPP Purchase of Services Allocation B-1	B-1	642,625,489	642,625,489	Allocation to provide POS --Out of home, day programs, transportation, respite, other
Less B-1	B-2	(642,625,489)		Less B-1
Base Funding	B-2	641,575,678		Base Funding
Continuation Allocation	B-2	1,832,317		Continuation Allocation
Part C POS Allocation	B-2	2,750,468		Part C POS Allocation
Gap Funding	B-2	43,571		Gap Funding
Service Provider Rate Reform	B-2	119,444,097		Service Provider Rate Reform
Total POS Allocation B-2	B-2	438,563	123,459,205	
No Allocation	B-3	-	-	No funding for this allocation only contract language
POS Allocation	B-4	13,495,291	13,495,291	
<b>Total POS Allocation B-1 thru B-4</b>		<b>779,579,985</b>		
<b>Total Ops and POS Allocation B-1 thru B-4</b>		<b>863,272,522</b>		



CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
1215 O Street, Sacramento, CA 95814 • [www.dds.ca.gov](http://www.dds.ca.gov)



DATE: February 24, 2026

TO: REGIONAL CENTER EXECUTIVE DIRECTORS  
REGIONAL CENTER ADMINISTRATORS

SUBJECT: B-4 ALLOCATION FOR FISCAL YEAR 2025-26

Enclosed is information regarding the allocation amounts to be included in the Fiscal Year 2025-26, B-4 Contract Amendment that your regional center will receive within the next few weeks.

If you have any questions regarding this allocation, please contact [RCAllocationUnit@dds.ca.gov](mailto:RCAllocationUnit@dds.ca.gov).

Sincerely,

*Original Signed by:*

STEVEN PAVLOV  
Chief Financial Officer

Enclosures

cc: Regional Center Controllers  
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  
Aaron Christian, Department of Developmental Services  
Yang Lee, Department of Developmental Services

## **Explanation of Items Allocated for B-4 Amendment**

### **Purchase of Services**

**Base:** Funding needs were identified utilizing contract balances as of February 6, 2026, and projected claims through June 30, 2026; additionally, regional center's feedback was incorporated after initial draft review.

### **Policy Items**

**Compliance with Home and Community-Based Services (HCBS):** Allocation based on Department-approved proposals to strengthen service provider compliance.

**Fiscal Year 2025-26 B-4 Allocation  
Purchase of Services (POS) Summary  
(Whole Dollars)**

	<b>Purchase of Services Base</b>	<b>Compliance with Home and Community-Based Services (HCBS) Policy</b>	<b>Grand Total B-4 Non-CPP POS Allocation</b>
<b>Regional Center</b>			
Alta California	\$ 133,133,682	\$ 892,020	\$ 134,025,702
Central Valley	\$ 31,727,175	\$ 814,842	\$ 32,542,017
East Bay	\$ 110,085,394	\$ 845,055	\$ 110,930,449
Eastern L.A.	\$ 25,329,575	\$ 578,229	\$ 25,907,804
Far Northern	\$ 41,383,705	\$ 566,675	\$ 41,950,380
L.A.Cnty/Frank Lanterman	\$ 75,093,524	\$ 563,140	\$ 75,656,664
Golden Gate	\$ 37,208,248	\$ 620,034	\$ 37,828,282
Harbor	\$ 128,516,257	\$ 675,401	\$ 129,191,658
Inland	\$ 269,095,559	\$ 1,175,109	\$ 270,270,668
Kern	\$ 20,608,968	\$ 567,088	\$ 21,176,056
North Bay	\$ 77,629,926	\$ 589,615	\$ 78,219,541
North L.A.	\$ 57,735,754	\$ 826,792	\$ 58,562,546
Orange	\$ 87,838,030	\$ 810,960	\$ 88,648,990
Redwood Coast	\$ 43,133,583	\$ 432,287	\$ 43,565,870
San Andreas	\$ 5,158,525	\$ 739,658	\$ 5,898,183
San Diego	\$ 104,007,127	\$ 1,012,252	\$ 105,019,379
San Gabriel/Pomona	\$ 31,681,108	\$ 658,108	\$ 32,339,216
South Central L.A.	\$ 12,762,105	\$ 733,186	\$ 13,495,291
Tri-Counties	\$ 622,035	\$ 670,195	\$ 1,292,230
Valley Mountain	\$ 119,299,038	\$ 673,929	\$ 119,972,967
Coastal/Westside	\$ 87,696,960	\$ 555,425	\$ 88,252,385
<b>Total</b>	<b>\$ 1,499,746,278</b>	<b>\$ 15,000,000</b>	<b>\$ 1,514,746,278</b>

Local Assistance FY 2025-26 Allocation Report thru the B-4 Allocation			
2/23/2026			
OPERATIONS, (Ops)	TOTAL Operations	Non-CPP	CPP/CRDP/ Ongoing Workload
Operations Budget	\$ 1,653,466,000	\$ 1,629,841,000	\$ 23,625,000
Less Funds Allocated to Regional Centers	\$ (1,553,734,456)	\$ (1,530,132,470)	\$ (23,601,986)
Less Funds Held, not for Allocation	\$ (65,944,482)	\$ (65,944,482)	N/A
<b>Remaining Funds Available for Allocation</b>	<b>\$ 33,787,062</b>	<b>\$ 33,764,048</b>	<b>\$ 23,014</b>
<b>Detail:</b>			
<b>Ops Funds Held for Contracts, direct pay; Not for RC Allocation</b>	<b>TOTAL</b>	<b>Non-CPP</b>	<b>CPP</b>
QAF (billed direct to ICF Vendor)	\$ 2,037,000	\$ 2,037,000	
pg. D-5 Vendor Projects less RC allocation	\$ 33,821,534	\$ 33,821,534	
Sherry S for RC Allocation	\$ 4,000	\$ 4,000	
Contingency Hold	\$ 1,912,948	\$ 1,912,948	
BCP 4300-077-BCP-2025 MR, LOIS	\$ -	\$ -	
<b>Ongoing Policies for Contracts and or Allocation"</b>	<b>\$ 18,125,000</b>	<b>\$ 18,125,000</b>	
Community Navigators HD 249118 PHFE	\$ 5,300,000	\$ 5,300,000	
Enrolling Vendors as Medicaid Providers	\$ 400,000	\$ 400,000	
Self Determination, Ongoing Program HD 249099 SCDD	\$ 600,000	\$ 600,000	
Self Determination Program (\$4,073.m) HD 219080 SCDD	\$ 215,000	\$ 215,000	
ABX 2 1 Funds available for CRA Ops Projects (DCR) contract	\$ 110,000	\$ 110,000	
ABX 2 1 SAE Disparities - Split between allocation and provided to CBOs	\$ 11,000,000	\$ 11,000,000	
Tribal Engagement Early Start Services	\$ 500,000	\$ 500,000	
<b>New Policies held for Contract:</b>			
Life Outcomes Improvement System (LOIS)	\$ 7,255,000	\$ 7,255,000	
BCP 4300-077-BCP-2025 MR, LOIS	\$ 2,789,000	\$ 2,789,000	
<b>Subtotal</b>	<b>\$ 65,944,482</b>	<b>\$ 65,944,482</b>	<b>\$ -</b>
<b>Balance of Other Ops Funds Available for Allocation:</b>	<b>TOTAL</b>	<b>Non-CPP</b>	<b>CPP</b>
Rent	\$ 8,512,839	\$ 8,512,839	
Foster Grand Parent	\$ 370,518	\$ 370,518	
CPP / CRDP / Ongoing Workload	\$ 23,014		\$ 23,014
<b>Balances of Policies available for Allocation:</b>			
<b>Ongoing Ops Policies</b>	<b>\$ 24,880,691</b>	<b>\$ 24,880,691</b>	
Direct Service Professional Workforce Training and Development (DSP)	\$ 4,300,000	\$ 4,300,000	
Performance Incentives	\$ 15,248,500	\$ 15,248,500	
Specialized Caseload Ratio	\$ 1,976,740	\$ 1,976,740	
Specialized Home Monitoring	\$ 3,300,451	\$ 3,300,451	
START Training (Network Fees)	\$ 55,000	\$ 55,000	
<b>Remaining Ops Funds Available for Allocation</b>	<b>\$ 33,787,062</b>	<b>\$ 33,764,048</b>	<b>\$ 23,014</b>
<b>PURCHASE OF SERVICES, (POS)</b>			
	<b>TOTAL Purchase of Services</b>	<b>Non-CPP</b>	<b>CPP/CRDP</b>
Purchase of Services Budget	\$ 16,523,975,000	\$ 16,461,124,000	62,851,000
Less Funds Allocated to Regional Centers	\$ (16,315,566,583)	\$ (16,310,618,587)	(4,947,996)
Less Funds Held, not for Allocation	\$ (150,203,000)	\$ (150,203,000)	0
<b>Remaining Funds Available for Allocation</b>	<b>\$ 58,205,417</b>	<b>\$ 302,413</b>	<b>57,903,004</b>
<b>Detail:</b>			
<b>POS Funds Held, Not for RC Allocation</b>	<b>TOTAL</b>	<b>Non-CPP</b>	<b>CPP</b>
ICF-DD (billed direct to ICF Vendor)	\$ 135,833,000	\$ 135,833,000	
QAF (for ICF-DD SPA Admin Fee)	\$ 11,000,000	\$ 11,000,000	
Best Buddies	\$ 2,000,000	\$ 2,000,000	
Held For Contract	\$ 1,370,000	\$ 1,370,000	
<b>Subtotal</b>	<b>\$ 150,203,000</b>	<b>\$ 148,833,000</b>	
<b>Remaining POS Funds Available for Allocation</b>	<b>TOTAL</b>	<b>Non-CPP</b>	<b>CPP</b>
Base	\$ -	\$ -	
Gap	\$ 301,427	\$ 301,427	
Part C	\$ 986	\$ 986	
CPP / CRDP	\$ 57,903,004		\$ 57,903,004
<b>Remaining Policies:</b>			
<b>Remaining POS Funds Available for Allocation</b>	<b>\$ 58,205,417</b>	<b>\$ 302,413</b>	<b>\$ 57,903,004</b>
\$ -			
Projects, section D of the Estimate, includes \$110k for CRA Contract from ABX Funds Ongoing Ops Policy. <a href="#">Policy, section G of the 2026-27 Governor's Budget</a>			



South Central Los Angeles  
Regional Center

# MEMO

To: Finance Committee  
From: Executive Director  
Subject: Email Retention Policy  
Date: March 11, 2026  
CC: Dexter Henderson, CEO

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Board of Directors,

This communication is to formally advise the Board that, effective January 1, 2026, the South Central Los Angeles Regional Center (SCLARC) has implemented a one-year email retention policy applicable to all staff.

Under this policy, all SCLARC staff email accounts will retain email messages for a period of one (1) year from the date of receipt or transmission. Emails exceeding the one-year retention period will be automatically deleted.

The purpose of this policy is to:

- Promote responsible data management practices
- Ensure consistency with applicable regulatory, compliance, and audit requirements
- Improve system efficiency and information security controls

This policy applies to all staff. Staff have been informed of this policy and provided guidance regarding their responsibility to appropriately archive important documents.

Management will continue to monitor compliance with this policy and will review it periodically to ensure alignment with legal, regulatory, and operational requirements. Any material changes will be communicated to the Board as appropriate.

**Kyla Lee,**  
Chief Financial Officer  
South Central Los Angeles Regional Center  
213-744-8480  
[Kylal@Sclarc.org](mailto:Kylal@Sclarc.org)



## **South Central Los Angeles Regional Center (SCLARC)**

### **Email Retention Policy**

#### **1. Purpose**

The purpose of this Email Retention Policy is to establish a standardized approach for the retention, management, and deletion of email communications to ensure compliance with legal, regulatory, operational, and information security requirements while minimizing organizational risk.

#### **2. Policy Statement**

Effective January 1, 2026, SCLARC will retain staff email communications for a period of one (1) year from the date of receipt and/ or sent. Emails exceeding this retention period will be automatically deleted unless subject to an approved exception. This policy applies to all SCLARC staff.

#### **3. Scope**

This policy applies to:

- All SCLARC employees
- All email content, including attachments, sent or received through SCLARC systems
- This policy does not supersede statutory, regulatory, or legal requirements that mandate longer retention of certain records.

#### **4. Retention Requirements**

- Emails shall be retained within the email system for one (1) year.
- Upon reaching the one-year retention limit, emails will be automatically deleted.
- Staff are responsible for identifying and preserving business-critical emails.

#### **6. Roles and Responsibilities**

##### **Staff Responsibilities**

- Comply with this policy and all related records management requirements.
- Ensure timely archiving business-critical communications.
- Refrain from using email as a long-term records storage solution.

## **Management Responsibilities**

- Communicate policy requirements to staff.
- Ensure staff receive appropriate guidance and training.
- Enforce compliance with this policy.

## **Information Technology Responsibilities**

- Implement and maintain technical controls supporting the retention period.
- Ensure secure and automated deletion of emails after the retention period.
- Support legal holds and exception requests as required.

## **7. Review and Updates**

This policy shall be reviewed periodically to ensure continued compliance with applicable laws, regulations, and organizational needs. Any material changes shall be presented to the Board of Directors for review or acknowledgment, as appropriate.

## **8. Approval and Effective Date**

- Effective Date: January 1, 2026
- Approved By:



# **NCI** NATIONAL CORE INDICATORS SURVEYS

**FY 2023-2024**

**BOARD OF DIRECTORS MEETING**

*March 24, 2026*

**Child Family Survey (CFS) | Adult Family Survey (AFS)  
Family/Guardian Survey (FGS)**



# NCI NATIONAL CORE INDICATORS SURVEYS

## BACKGROUND

### **Nation-wide Quality Assessment**

The National Core Indicators (NCI) is a nationwide quality assessment survey used by the California Department of Developmental Services (DDS) and Regional Centers to evaluate the effectiveness of services and supports provided to individuals with intellectual and developmental disabilities (I/DD).

### **25 Years in Existence**

The NCI Survey has been used since 2010 as a requirement by the Welfare and Institutions Code, Section 4571.

### **Gives Individuals and Families a Voice**

The NCI Survey provides individuals with intellectual/developmental disabilities and their families the opportunity to participate in surveys about regional center and community services.

### **Improvement of Services**

Once the information is collected, the Human Services Research Institute (HSRI) analyzes the data and shares the results with DDS and regional centers in a comprehensive report. These findings are then used to inform policy decisions and improve services.

## HOW DATA IS COLLECTED

- NCI Surveys are administered by the State Council on Developmental Disabilities.
- The State Council of Disability recruits interviewers independently from Area Boards.
- The survey is confidential. The answers are collected anonymously.



1

**ADULT IN-PERSON SURVEY:**  
Survey is conducted face-to-face with individual (18+).

2

**ADULT FAMILY SURVEY:**  
• Family of an adult living in the family home (18+).

# 4 SURVEYS

3

**FAMILY/GUARDIAN SURVEY:**  
• Family of an adult living outside the family home (18+).

4

**CHILD FAMILY SURVEY:**  
• Family of a child living in the family home (3-17).

# SURVEY CYCLE

<b>Fiscal Year</b>	<b>Adult In-Person Survey</b>	<b>Adult Family Survey</b>	<b>Family/Guardian Survey</b>	<b>Child Family Survey</b>
<b>2020/21</b>	X			
<b>2021/22</b>		X	X	X
<b>2022/23</b>	X			
<b>2023/24</b>	X	X	X	X
<b>2024/25</b>	X			
<b>2025/26</b>		X	X	X

**Adult  
Family  
Survey  
Report  
(AFS)**

**The National Core Indicators (NCI) Adult Family Survey gathers feedback from families who live with an adult receiving services from regional centers. The survey helps evaluate service quality and identify areas for improvement.**

**For the 2023–2024 survey cycle, **more than 500 SCLARC families participated**, providing feedback about services, planning, and overall outcomes for their family members receiving supports.**

Full NCI Survey Report can be found on DDS Website:

<https://www.dds.ca.gov/rc/nci/>



**Age**

- Average Adult age: 32.5 years

**Gender**

- Male: (62%)
- Female: (38%)
- Other: (0%)

**Race / Ethnicity**

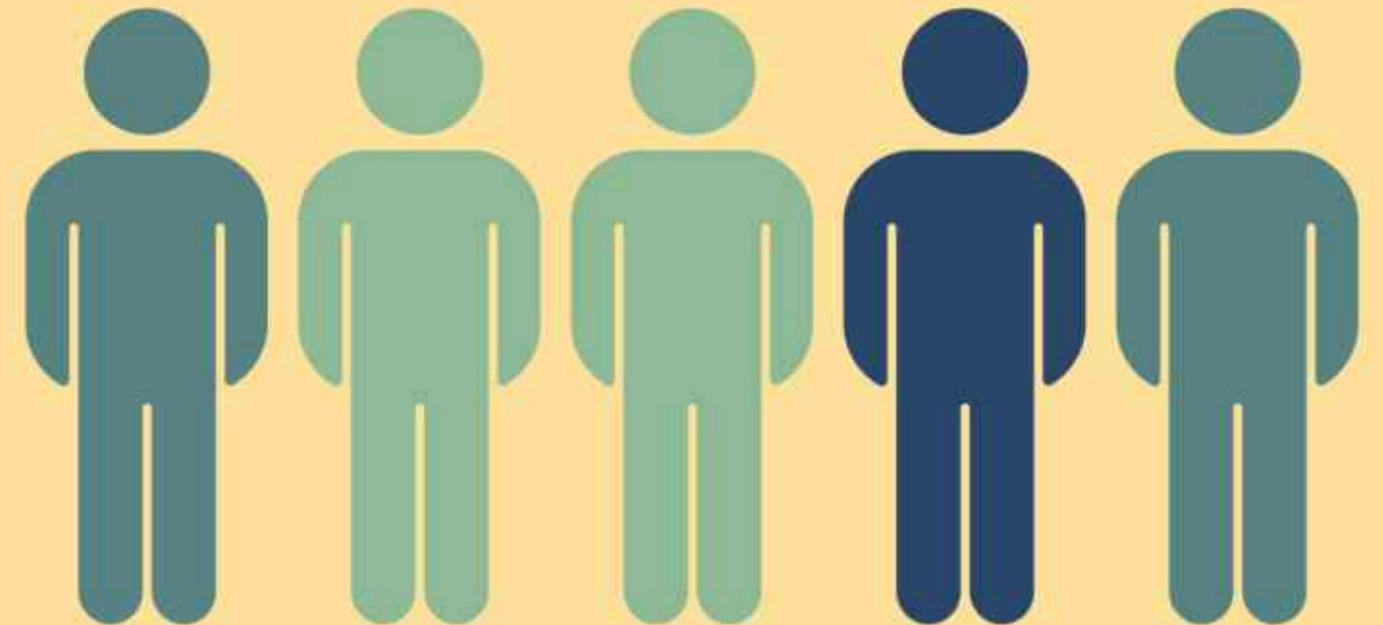
- Hispanic / Latino: (69%)
- Black / African American: (24%)
- White: (6%)
- Asian: (1%)
- American Indian / Alaska Native: (1%)
- Other: 1%)
- Prefer not to say: (2%)

**Residence Type**

- Urban / Suburban: (99%)
- Rural: (1%)

**More Than One Person with IDD  
in the Home**

- Yes: (17%)
- No: (83%)



**Families reported the following about receiving enough information to participate in planning services:**

- Always: (33%)
- Usually: (21%)
- Sometimes: (27%)
- Seldom or Never: (19%)

**Families also reported that the information they receive about services is:**

- Always easy to understand: (37%)
- Usually: (29%)
- Sometimes: (27%)
- Seldom or never: (7%)



## INDIVIDUAL PROGRAM PLAN (IPP) PARTICIPATION

- Family member has an IPP: (66%)
- Family helped develop the IPP: (72%)
- Individual helped develop the IPP: (58%)
- Families felt they had enough input in the IPP: (62%)



**Families reported their family members receive the following services through the regional center:**

- In-home supports: (41%)
- Day or employment services: (40%)
- Respite services: (33%)
- Transportation: (43%)
- Mental/behavioral health services: (14%)
- Self-directed services: (18%)

**Additional supports include:**

- Social Security benefits: (79%)
- Support from other agencies: (17%)



**Families reported positive outcomes from services:**

- Services help their family member live a good life: (90%)

**Service changes during the past year:**

- Services increased: (20%)
- Services did not increase: (80%)

**If services were reduced or stopped:**

- Negative impact reported: (73%)

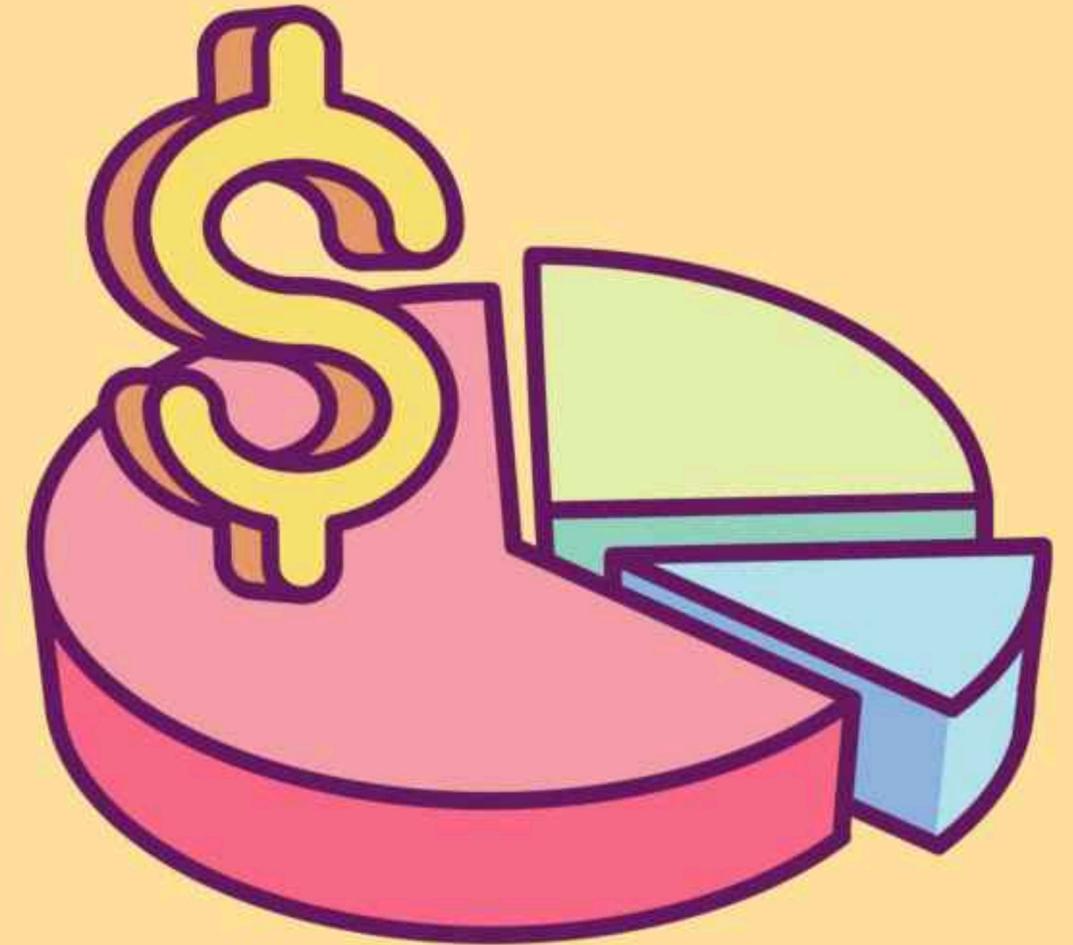


**Families reported paying for the following services themselves:**

- Medical or dental expenses: (23%)
- Recreational activities: (17%)
- Transportation support: (10%)

**Total annual out-of-pocket expenses:**

- No expenses: (59%)
- \$1–\$1,999: (29%)
- \$2,000–\$5,999: (9%)
- \$6,000–\$11,999: (2%)
- \$12,000+: (1%)



### **Overall Satisfaction**

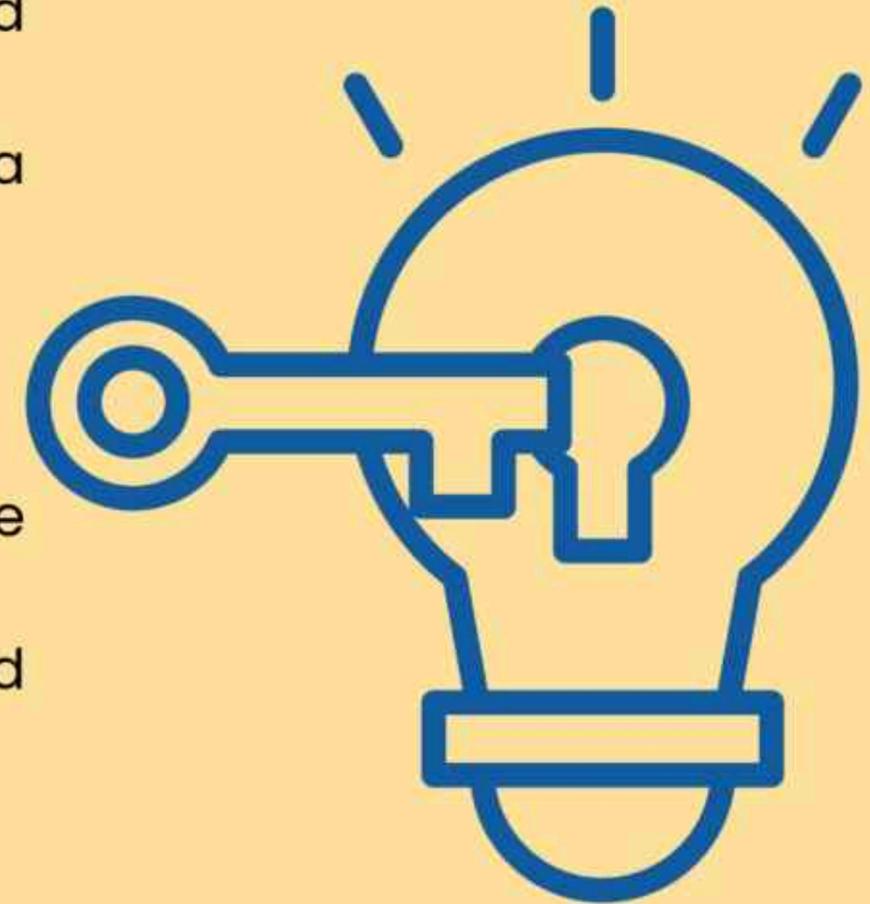
- Most SCLARC families reported positive experiences with the services and supports provided through SCLARC.
- Families generally indicated that services help their family member live a better and more independent life.

### **Opportunities for Improvement**

- Improve awareness of available services and programs.
- Continue strengthening communication between families and service coordinators.
- Expand supports that promote independence, community inclusion, and long-term planning.

### **Overall Takeaway**

- The survey results show that SCLARC is making a meaningful impact in supporting individuals with intellectual and developmental disabilities and their families, while also highlighting opportunities to further strengthen communication, service access, and awareness of available supports.



**Family/  
Guardian  
Survey  
(FGS)**

The National Core Indicators (NCI) Family/Guardian Survey gathers feedback from families who have an adult family member with an intellectual or developmental disability receiving services through regional centers. The survey helps assess the quality of services and supports and identify areas where improvements can be made.

For the 2023–2024 survey cycle, **26 SCLARC families participated**, sharing feedback about communication with service providers, access to information, service planning, and their overall experience with regional center services.

Full NCI Survey Report can be found on DDS Website:

<https://www.dds.ca.gov/rc/nci/>



**Families reported out-of-pocket expenses related to supporting their family member receiving services:**

- 63% reported no out-of-pocket expenses related to their family member's care during the past year
- 17% reported spending between \$1 and \$1,999
- 13% reported spending between \$2,000 and \$5,999
- 4% reported spending between \$6,000 and \$11,999
- 4% reported spending \$12,000 or more related to their family member's care.



**Families understand of how to advocate for services if disagreements arise with the regional center:**

- 45% reported they know what to do if they disagree with the regional center about services or eligibility decisions.
- 55% reported they do not know the steps to take, such as requesting a fair hearing or appealing a decision.



**Effective communication between regional centers and families is essential to ensure that families understand services, programs, and opportunities available to them:**

- 67% reported that the regional center keeps them informed about programs and services in their preferred language.
- 33% reported they are not consistently informed in their preferred language.



**Can families communicate effectively with service providers in their preferred language?:**

- 95% reported that support workers speak their preferred language.
- 5% reported that support workers communicate through a translator when needed.

**Similarly:**

- 95% reported that their service coordinator or case manager speaks their preferred language.
- 5% reported that communication occurs through a translator when necessary.



**Families reported whether they needed information to better prepare for emergencies:**

- 18% reported needing information about how to sign up for emergency alerts
- 18% reported needing information about important personal documents to have ready in an emergency
- 9% indicated other types of emergency planning information
- 41% reported that no additional emergency preparedness information was needed.



**Overall Satisfaction**

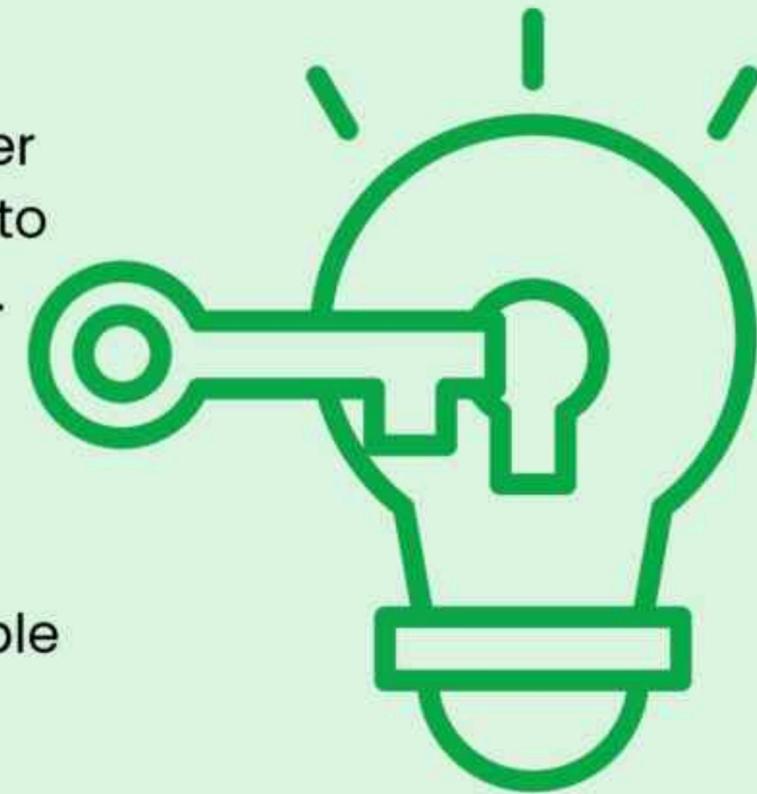
- Survey responses suggest that many SCLARC families experience positive communication with service providers. Most respondents reported that both support workers and service coordinators speak with them in their preferred language, helping families better understand services and participate in planning for their family members.

**Opportunities for Improvement**

- Families reported needing more information about how to navigate the regional center system. For example, over half of respondents indicated they were unsure what steps to take if they disagree with the regional center regarding services or eligibility decisions. Increasing awareness of advocacy and fair hearing processes may help families feel more informed and supported.

**Overall Takeaway**

- Overall, the survey results indicate that SCLARC families generally experience accessible communication and support from staff. At the same time, the findings highlight the importance of continuing to strengthen outreach and education so families fully understand available services, resources, and their rights within the regional center system.



**Child  
Family  
Survey  
(CFS)**

The National Core Indicators (NCI) Child Family Survey gathers feedback from families who live with a child receiving services through regional centers. The survey helps assess the quality of services and supports and identify areas where improvements can be made.

For the 2023–2024 survey cycle, **approximately 470 SCLARC families participated**, sharing feedback about service coordination, access to services, planning processes, and the overall impact of supports on their children and families.

Full NCI Survey Report can be found on DDS Website:

<https://www.dds.ca.gov/rc/nci/>



## DEMOGRAPHIC OVERVIEW OF CHILDREN SERVED

**Approximately 63%** of respondents reported having more than one child with intellectual or developmental disabilities living in the home.

**Average age of children receiving services in the survey was 11.3 years:**

- Male: (70%)
- Female: (30%)

### **Ethnicity:**

- 82% identified the child as Hispanic or Latino
- 14% identified the child as Black or African American
- 5% identified the child as White
- 2% identified the child as Asian

### **Diagnoses:**

- Autism Spectrum Disorder: (79%)
- Intellectual Disability: (32%)
- Mood Illness or Psychiatric Diagnoses: (12%)
- Additional health conditions: asthma, sleep apnea, neurological conditions, or other medical needs



**95% of respondents** were parents of the child receiving services, indicating that the survey reflects the perspectives of primary caregivers.

### **Families reported a range of household structures:**

- 46% reported two adults living in the household
- 25% reported three adults
- 14% reported four or more adults

### **Income:**

- \$25,001 and \$50,000: (27%)
- \$15,001 and \$25,000: (20%)
- Some families reported little or no earned income

### **Education:**

- No high school diploma or GED: (31%)
- High school diploma: (29%)
- College degree or higher: (16%)



**Families reported receiving a variety of services through the regional center system:**

- 31% reported receiving in-home support services
- 33% reported receiving out-of-home respite care
- 13% reported receiving financial support
- 17% reported receiving mental or behavioral health services
- 12% reported receiving self-direction or fiscal intermediary services

**In addition to regional center services, many families also reported receiving support from other programs:**

- 44% reported receiving Social Security benefits (SSI/SSB)
- 50% reported receiving services or supports from other agencies or organizations



**Families value clear communication and involvement in service planning:**

- 25% reported always having enough information to participate in planning services
- 24% reported usually having enough information
- 33% reported sometimes having enough information

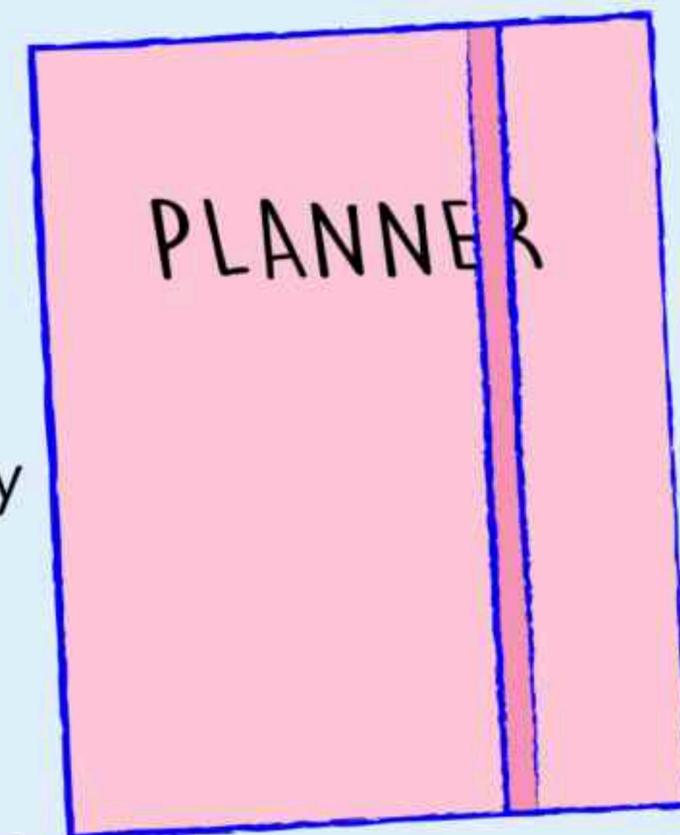
**Families reported that service coordinators listen to their choices and opinions:**

- 50% reported service coordinators always listen
- 26% reported they usually listen

**Families reported participation in planning their child's services:**

- 75% reported their child has an Individual Program Plan (IPP) or Individual Family Service Plan (IFSP)
- 78% reported that a family member helped create the plan
- 82% reported that their family had enough input in the planning process

Additionally, **48% reported their child has a transition plan** as part of school-based planning for adulthood.



**Families were asked whether the services they receive meet their needs:**

- 80% reported their child receives all services listed in their IPP/IFSP
- 58% reported their family receives the services and supports they need

**Families reported unmet needs:**

- Regularly scheduled support for the child: (46%)
- Counseling services (46%)
- Respite services (45%)
- Support related to assistive technology (27%)

**Families also indicated that services sometimes change when family needs change, with:**

- 31% reporting services always adjust
- 32% reporting services usually adjust



**Families were also asked about their experiences with support workers and service staff.**

- 52% reported support workers always arrive as scheduled
- 33% reported workers usually arrive as scheduled

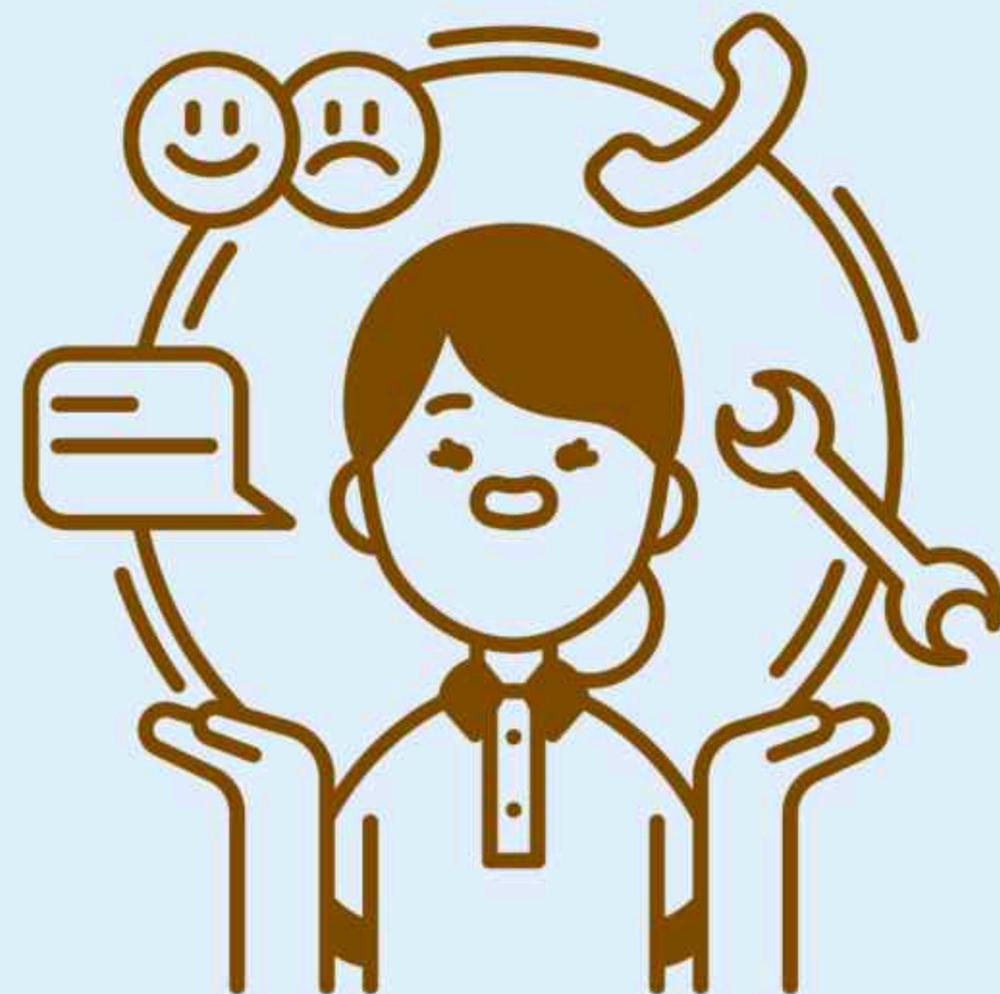
**Communication between staff and families was also generally positive:**

- 65% reported staff always communicate in a way they understand
- 24% reported they usually do

**Families reported that support workers have the necessary skills:**

- 45% reported workers always have the right skills
- 33% reported they usually do

Additionally, **75% of families reported that staff are available when support is needed.**



**Technology access within families' homes:**

- 93% reported that a computer, tablet, or smartphone is available in the home
- 33% reported that their child uses technology to help with daily activities

**However, internet access varied:**

- 56% reported reliable internet access
- 38% reported that internet service works only sometimes



### **Overall Satisfaction**

- Families reported positive experiences with services and supports.
- Families indicated they were involved in developing their child's Individual Program Plan (IPP/IFSP) and felt their input was valued.
- Families reported generally positive communication with service coordinators and support staff.

### **Opportunities for Improvement**

- Families reported needing more information about services and available resources.
- Families indicated challenges accessing certain supports, such as respite care, counseling, or regularly scheduled support for their child.
- Continued improvements in communication and service coordination will help address these needs.

### **Overall Takeaway**

- Overall, the survey results show that SCLARC provides meaningful support to children and families while highlighting opportunities to strengthen communication, access to services, and awareness of available resources.



## HOW SCLARC ADDRESSES THE SURVEY FINDINGS

Service Coordinator (SC) reviews services and supports annually for individuals who reside with their families and on a quarterly basis for individuals who reside outside of their family home to ensure that individuals' unique needs are being met.

SCLARC offers community events such as the SDP Fair, Vendor Fairs for individuals and families, and ongoing trainings both in person and on zoom.

SCLARC's social media platforms and SCLARC's Family Portal App provide information about community events.

SC's discuss employment, adult services, and Social Recreational opportunities with individuals and families during IPP meetings and provide them with a list of services and generic resources.



# ASSISTING INDIVIDUALS LIVING WITH THEIR FAMILIES

## SCLARC'S COMMITMENT

- During the annual IPP, staff share the 4731 complaint information and provides contact information for the Office of Clients Rights (OCRA).
- Staff share the rights and appeals process with individuals and their families at annual meetings and can contact the Appeals Manager directly.
- Staff provides individuals/families with support for:
  - **Office of Clients Rights (OCRA)- (866) 833-6712**
  - **Adult Protective Services (APS)- (877) 477-3646**



# ASSISTING INDIVIDUALS LIVING WITH THEIR FAMILIES

## SCLARC'S COMMITMENT

- Communication and information is provided in plain language, as well as, the family's native language.
- SCLARC implemented the Coordinated Family Services Pilot Program to assist with services and support needs for adults residing in the home with family.
- SCLARC implemented the Career Pathways Pilot Program to assist with employment opportunities and services that support the need of individuals who are interested in employment.



# ASSISTING INDIVIDUALS LIVING WITH THEIR FAMILIES

- Ensure Individual Program Plans (IPP) include wants and needs.
- Ensure individuals/families understand they have a choice in selecting their Service Coordinator and support workers.
- Ensure families can access assistance for emergencies, crises, and protecting individual's rights.

## SCLARC'S COMMITMENT



**SCLARC HAS PARTNERED  
WITH 211 LA COUNTY!**

**211 LA County is available to SCLARC families to provide them with information and referrals on the following:**

- Food
- Housing
- Mental health
- Crisis Services
- Legal Services
- Utility services

**and much more!**

**For assistance contact our 211 representative:**

<b>LA Office</b> 2500 S Western Ave Los Angeles CA 90018 Legacy Room 329 Walk-in hours: Every Monday 8 am - 11:30 am	<b>Satellite Office</b> 12226 Garfield Ave South Gate CA 90280 FRC Office Walk-in hours: Every Monday 1 pm - 4:30 pm
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**For assistance over the phone call (626) 618-7016**

# ENSURING INDIVIDUALS TAKE PART IN THE COMMUNITY

- SCLARC has Parent Advisory Committee (PAC) groups available to support families. Leaders of local community parent groups meet quarterly to work collaboratively with SCLARC to discuss issues important to our stakeholders.
- SCLARC offers an e-newsletter to keep families abreast of updates related to the regional center and community.
  - Sign up for our e-newsletter:
    - <https://sclarc.org/news-and-media.php>

## SCLARC'S COMMITMENT



Stay up to date on our activities and community resources by connecting to SCLARC's Facebook and Instagram pages.

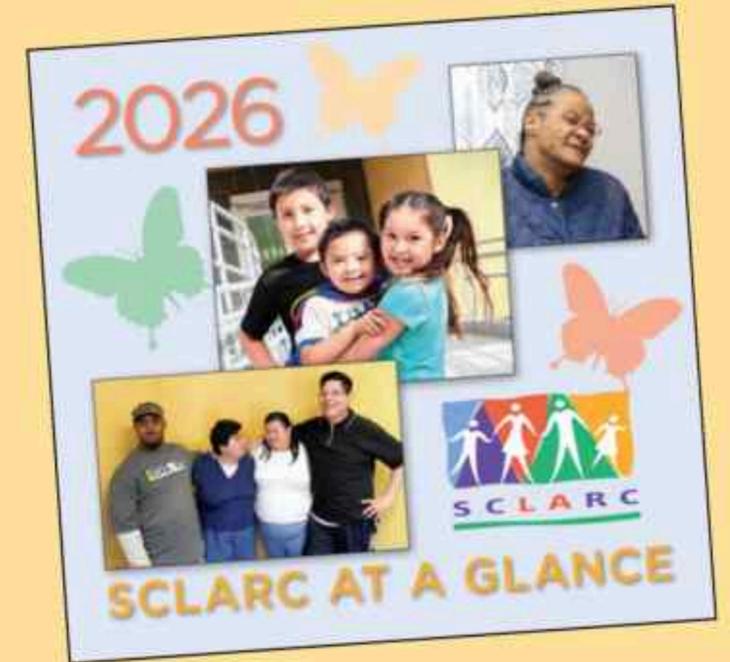
 @sclarc

 @south\_central\_la\_rc

# ENSURING INDIVIDUALS/FAMILIES HAVE REGIONAL CENTER CONTACT INFORMATION AND UNDERSTAND SERVICES AND SUPPORTS

- “SCLARC At A Glance” provides information regarding programs, services, and advisory committees through our new SCLARC Information booklet.
- **Visit SCLARC’s website, [www.sclarc.org](http://www.sclarc.org) to retrieve a digital copy of “SCLARC At A Glance.”**
- Self Determination Orientations are offered monthly for individuals interested in transitioning into self determination.
- **Send an email to [cmhelp@sclarc.org](mailto:cmhelp@sclarc.org) or call 1-833-725-2721 for case management assistance in preferred language.**

## SCLARC’S COMMITMENT



# FAMILY PORTAL APP

- Access case records
- Download and print
  - Current IPP/IFSP
  - Annual Cost Statement
- Review authorized services
- Direct message your Service Coordinator (SC)
- Access SC's/management's contact information

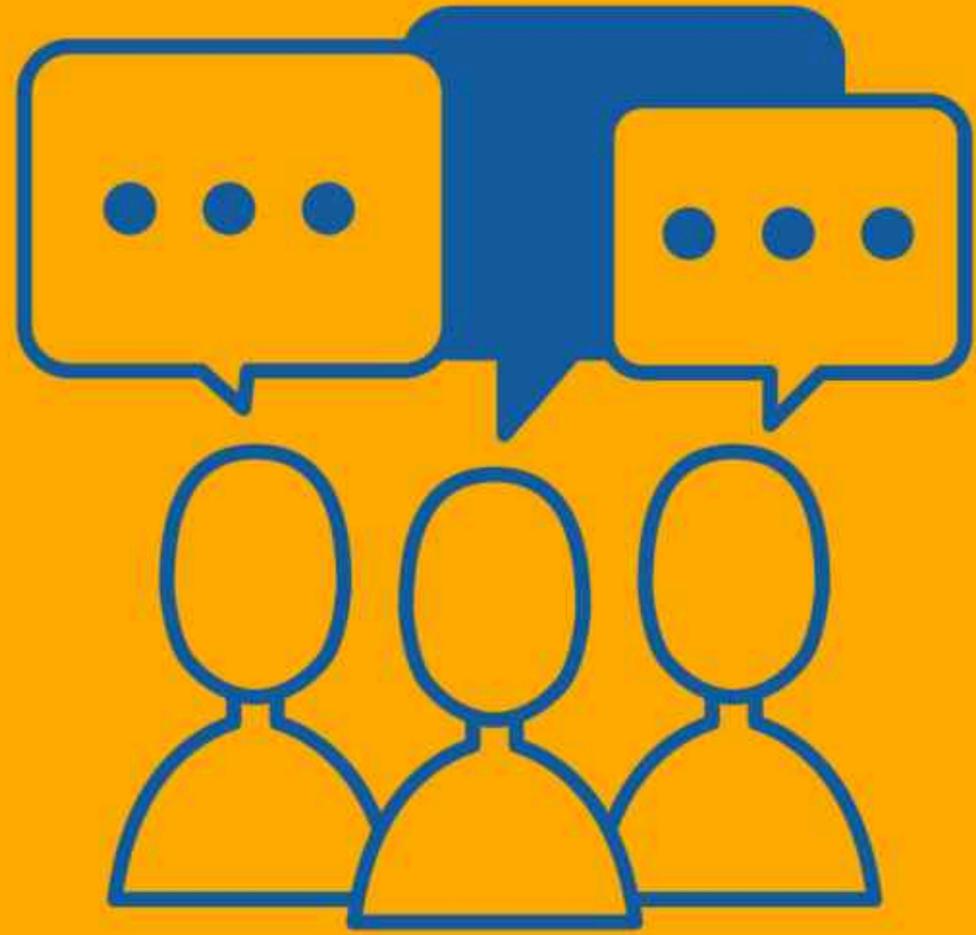
**To register for the app, contact your Service Coordinator or send an email to [cmhelp@sclarc.org](mailto:cmhelp@sclarc.org), or call 1-833-725-2721.**

## SCLARC'S COMMITMENT

*Over*

**11,000**  
**REGISTERED USERS**





**QUESTIONS?**

**THANK  
YOU!**



# Performance Contract 2026-2027

**INFORMATION ONLY**

**BOARD OF DIRECTORS MEETING**

*March 24, 2026*

# OVERVIEW

The **Performance Contract for FY 2026–27** is the annual agreement between the California Department of Developmental Services (DDS) and each regional center that outlines goals, objectives, and performance measures used to evaluate how well the regional center system is serving individuals with intellectual and developmental disabilities.

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## Performance Contract

The Performance Contract is essentially a public accountability and planning document that:

- Establishes specific, measurable objectives for regional centers each fiscal year.
- Tracks how well regional centers provide services, supports, and outcomes for individuals and families.
- Is reviewed annually by DDS and shared with the public.

These contracts help ensure regional centers improve quality of life, service access, and system performance for people served under the Lanterman Act.

# TYPICAL FOCUS AREAS IN THE PERFORMANCE CONTRACT

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## **1. Service Quality and Outcomes**

- Whether services help individuals live independent and meaningful lives
- Access to appropriate supports and programs

## **2. Equity and Cultural Competency**

- Services provided in preferred languages
- Reducing disparities among racial, ethnic, and cultural groups

## **3. Person-Centered Planning**

- Quality and effectiveness of Individual Program Plans (IPPs)
- Service coordinator training and facilitation skills

## **4. Employment and Community Integration**

- Increasing competitive integrated employment
- Expanding community participation and inclusion

## **5. Early Intervention and Access to Services**

- Early Start services and timely access to supports for children and families.



# PURPOSE OF THE PERFORMANCE CONTRACT

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## **The Performance Contract is designed to:**

- Measure how well regional centers perform
- Promote continuous quality improvement
- Increase transparency and accountability to the public and stakeholders.

# KEY GOALS FOR FY 2026-27

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## **1. Early Start & Timely Access to Services**

Focuses on identifying and serving infants and toddlers with developmental delays as early as possible.

Key measures include:

- Early identification of children under age 3
- Timely evaluation and service start
- Early Start “Child Find” outreach activities

Purpose: ensure children receive early intervention services quickly.

## **2. Employment & Community Integration**

Encourages regional centers to increase competitive integrated employment (CIE) opportunities for adults with developmental disabilities.

Measures include:

- Number of individuals placed in competitive jobs
- Employment supports and job development services

Purpose: help individuals achieve meaningful employment and independence.

### **3. Equity & Cultural Competency**

Focuses on reducing disparities in services among different communities.

Measures include:

- Services available in preferred languages
- Cultural competency training for staff
- Bilingual workforce capacity

Purpose: ensure equitable access to services for all families.

### **4. Person-Centered Service Planning**

Ensures the Individual Program Plan (IPP) process is meaningful and collaborative.

Measures include:

- Service coordinator training
- Effective facilitation of IPP meetings
- Family and individual participation in planning

Purpose: ensure services reflect the goals and choices of the individual.

## 5. Quality of Services & Outcomes

Evaluates how services improve individuals' quality of life.

Measures may include:

- Family satisfaction surveys
- access to community activities
- health and safety indicators

Purpose: ensure services improve real-life outcomes for individuals and families.



# PERFORMANCE CONTRACT 2026-27 TIMELINE



## **MARCH-APRIL**

DDS begins drafting performance objectives and discussing them with regional centers.

## **MAY-JUNE**

Proposed performance contract objectives are presented to Regional Center Boards for public review and approval.

## **JUNE**

Final contracts are submitted to DDS.

## **JULY 1, 2026**

The FY 2026-27 contract officially goes into effect.

**THANK  
YOU**



# **Community Placement Plan (CPP)**

## **Community Resource Development Plan (CRDP)**



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

## **Housing Development Organization (HDO)**

Each year Regional Centers submit proposed housing developments to the Department of Developmental Services (DDS). Once approval is received from DDS, then South Central Los Angeles Regional Center (SCLARC), like the other regional centers must follow a set of Housing Guidelines that apply to all Housing Acquisition Requests (HAR) and Multifamily Housing Proposals. The housing developer organization (HDO) will be the fee owner of a property purchased using Community Placement Plan (CPP) or Community Resource Development Plan (CRDP) start-up funds.

DDS created the Housing Guidelines to achieve the development of safe, affordable, and sustainable housing for individuals with intellectual and developmental disabilities (IDD) who receive services and supports from the regional center. DDS uses CPP or CRDP funds to facilitate the development of permanent housing in the community that will be used exclusively, in perpetuity, by the individuals we support. In collaboration with the regional center, an HDO (either a nonprofit or a for-profit entity) may purchase real property through the "Buy-It-Once" model, construct an Accessory Dwelling Unit (ADU), or develop multiple restricted units in a multifamily project.

The following are two (2) examples of a CPP housing development from fiscal year (FY) 2009-2010 and FY 2012-2013. The homes are owed by the HDO and the direct care service provider is with Gardena Care Home, Inc.

## LUBEC FACILITY

**(2009-2010 Fiscal Year)**

5-Bed Adult Residential Facility for Persons  
with Special Health Care Needs (ARFPSHN)

9294 Lubec Street  
Downey, CA 90240  
(562) 923-4312



The Lubec Facility supported Individuals who transitioned from the  
**Lanterman Developmental Center** into the community.

- **The individuals served were males and females between the ages of 45 and 60.** Diagnoses included Profound Intellectual Disability, Paranoid Schizophrenia, Cerebral Palsy, and Epilepsy.
- **Individuals required specialized medical care,** including management of Diabetes, Heart Conditions, Tracheostomy care, and Gastrostomy care.
- **Support needs included** mobility assistance, two-person transfers, specialized diets, total personal care, and communication support.

## LUBEC FACILITY II

**(2012-2013 Fiscal Year)**

5-Bed Adult Residential Facility for  
Persons with Special Health Care Needs  
(ARFPSHN)

10429 Tristan Drive

Downey, CA 90241

(562) 291-2877



The Lubec II Facility supported Individuals who transitioned from the **Lanterman Developmental Center** into the community.

- **The individuals served were males between the ages of 65 and 71.** Diagnoses included Profound Intellectual Disability, Cerebral Palsy, and Epilepsy.
- **Individuals required specialized medical care,** including management of Hypothyroidism, Diabetes, Lung Disorders, Tracheostomy care, and Gastrostomy care.
- **Support needs included** mobility assistance, two-person transfers, specialized diets, total personal care, and communication support.



South Central Los Angeles Regional Center  
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# Connecting with SCLARC

*(Contacting Your Service Coordinator, Information On Services,  
Meetings, Trainings, and Events)*

2500 S. Western Avenue  
Los Angeles, CA 90018

213-744-7000  
[www.sclarc.org](http://www.sclarc.org)

12226 Garfield Ave.  
South Gate, CA 90280

# Summary of Contents

Voicemail and Email Policy

Case Management Help Team

Self Determination Team

Family Portal App

IPP Survey

New Parent Orientation

SCLARC's Website

- Contact Form
- SCLARC at a Glance
- Community Calendar
- Transparency Portal

SCLARC's Social Media and Newsletter

# Voicemail and Email Policy

- Please allow up to two hours for a response to urgent matters and up to two business days for non-urgent matters.
- Supervisor phone numbers and email contact information are included in staff voicemail greetings and email signatures.
- For staff who are on a leave of absence or no longer with the agency, voicemail and email messages are monitored in accordance with the policy above by a unit representative.



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

# Case Management Help Team



If you are unable to connect with your Service Coordinator, please reach out to the Case Management Help Team for assistance.



The Case Management Help Team can be reached at [CMHelp@sclarc.org](mailto:CMHelp@sclarc.org) or 833-725-2721.

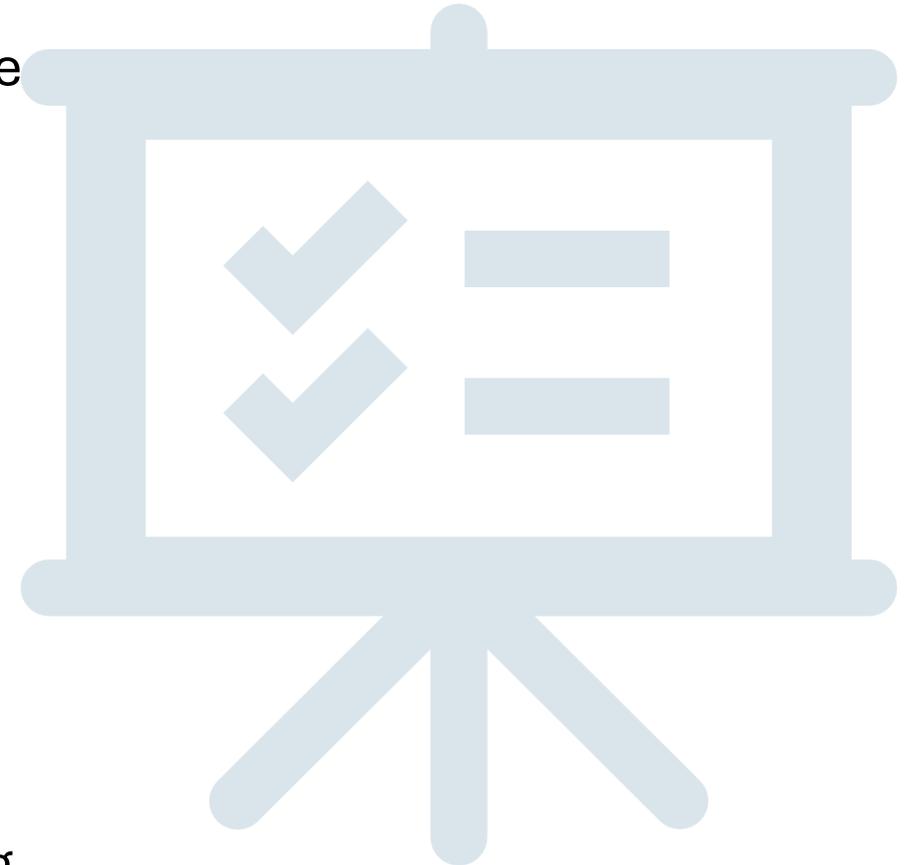


The Case Management Help Team is available, Monday-Friday, excluding agency holidays, from 8:30am-5:00pm.

# Self Determination Team



- To start the process for transition into the Self Determination Program please contact your Service Coordinator.
- If you are receiving services under the Self Determination Program and need assistance with a case matter, please contact your Service Coordinator.
- For general questions about the Self Determination Program, Orientation, Meetings, Trainings, or to join the mailing list, please email the Self Determination Team at [SelfDetermination@sclarc.org](mailto:SelfDetermination@sclarc.org).





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

# Family Portal App

- The Family Portal App provides the following information:
  - Service Coordinator and Program Manager phone number and email.
  - Option to send a message from the app to the Service Coordinator or Program Manager.
  - Access to the Individual Program Plan (IPP).
  - Access to the list of authorized services that the individual is receiving from the regional center.
  - Notices and information for upcoming meetings, trainings and events, both SCLARC and Community sponsored.
- Contact your Service Coordinator or the Case Management Help Team at [CMHelp@sclarc.org](mailto:CMHelp@sclarc.org) or 833-725-2721 to sign up for the Family Portal App.

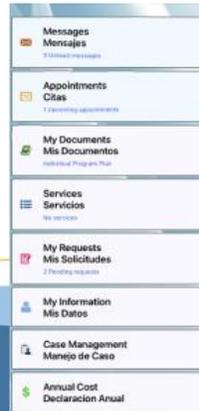


# SCLARC's Family Portal App

Download SCLARC's New Family Portal App today!

## Things you can do with SCLARC's Family Portal App

- Access your case record
- Download and print your current IFSP/ IPP and Annual Cost Statement
- Review authorized services
- View your upcoming IFSP/ IPP appointments with your Service Coordinator
- Request to update your address, phone number, and contact information
- Direct message your Service Coordinator
- Receive alerts and messages from the Regional Center
- View your SC and their Manager Contact Information
- <https://sclarc.org/family-portal.php>



If you are interested in using SCLARC's new Family Portal App contact your Service Coordinator.

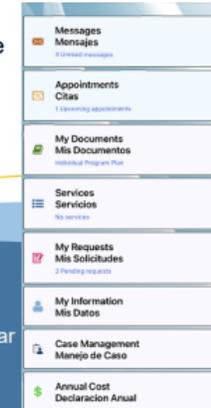


# Aplicación del Portal Familiar de SCLARC

¡Descarge hoy mismo la nueva aplicación del portal familiar de SCLARC!

## Cosas que puede hacer con la aplicación del Portal Familiar de SCLARC

- Acceso a su expediente de caso
- Descargue e imprima su IFSP/ IPP actual y su Declaración de costos anuales
- Revisar los servicios autorizados
- Vea sus próximas citas programadas de IFSP/IPP con su Coordinador de Servicios
- Solicite actualizar su dirección, número de teléfono e información de contacto
- Envíe un mensaje directo a su Coordinador(a) de Servicios
- Recibir alertas y mensajes del Centro Regional
- Ver la información de contacto de su SC y la de su supervisor(a)
- <https://sclarc.org/family-portal.php>



Si está interesado en obtener la nueva aplicación del Portal Familiar de SCLARC, comuníquese con su Coordinador(a) de Servicios

# Share Your Voice

## Individual Program Plan (IPP) Survey

- The Individual Program Plan (IPP) Survey is a tool provided by the California Department of Developmental Services (DDS) to gather feedback and improve the IPP process.
- The survey is available upon completion of each IPP meeting.
- Survey answers will only be read by DDS.
- Your name is not required to complete the survey so you can be open and direct with your answers.



### **Ways to complete the survey:**

- At the bottom of the Individual Program Plan Agreement and Signature Form - **Scan this QR code to take the survey.** How to use the QR code and take the survey:
  1. Open the camera app on your cell phone or tablet.
  2. Hold your camera over the square QR code. Be sure you can see the QR code on the screen.
  3. A link to the survey will pop up on your screen. Tap the link to open the survey.
  4. Pick the answer that best matches what happened during your IPP meeting.
  5. Press the “Done” button when you are finished.

### **Other ways to obtain a copy of the survey:**

- DDS can **send you a paper copy in the mail.** You can call them at 833-421-0061 and press option 1 to make the request.
- You can also **email DDS at [IPPsurvey@dds.ca.gov](mailto:IPPsurvey@dds.ca.gov) to request the survey.**



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

# New Parent Orientation

- New Parent Orientation sessions are held monthly in a hybrid format, in-person and via zoom, in Spanish and English with interpretation services available.
- The following information is shared during the sessions:
  - Service Coordinator and Program Manager contact information
  - Overview of the regional center system and services
  - Individual Program Plan Process
  - Self Determination Program
  - Generic Services
  - Family Portal App
- For information on the New Parent Orientation, please reach out to your Service Coordinator or Case Management Help Team, [CMHelp@sclarc.org](mailto:CMHelp@sclarc.org) or 833-725-2721.



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

# NEW PARENT ORIENTATION

New parents are required to attend an orientation to learn more about Regional Center system and the partnership you will have with SCLARC staff.

*-Existing parents are welcomed to attend\**

**English Orientation**  
1st Tuesday of the Month  
10:00 am - 12:00 pm

Scan QR code below to register your preferred orientation date.



[bit.ly/NPO2026](https://bit.ly/NPO2026)

New Parent Orientations are held via Zoom and in-person at our South LA location & South Gate.



Connect with us!  
Like us on Facebook!  
@SCLARC



Follow us on Instagram!  
@south\_central\_la\_rc

## Orientation Dates & Locations

- January 6, 2026 - LA Office
- February 3, 2026 - South Gate
- March 3, 2026 - LA Office
- April 7, 2026 - South Gate
- May 5, 2026 - LA Office
- June 2, 2026 - South Gate
- July 7, 2026 - LA Office
- August 4, 2026 - South Gate
- September 1, 2026 - LA Office
- October 6, 2026 - South Gate
- November 3, 2026 - LA Office
- December 1, 2026 - South Gate

*Please check in with receptionist upon arrival.*

If you have not attended an orientation, please register for one of the upcoming sessions above, by scanning QR code.

<b>Main Office:</b>	<b>South Gate Office:</b>
2500 South Western Avenue Los Angeles, CA 90018	12226 Garfield Avenue South Gate, CA 90280

QUESTIONS OR MORE INFORMATION ON THE DETAILS OF THE UPCOMING ORIENTATIONS, EMAIL [NewParentOrientation@SCLARC.ORG](mailto:NewParentOrientation@SCLARC.ORG) OR CALL 1-833-725-2721



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

# ORIENTACION DE NUEVOS PADRES

Se requiere que los nuevos padres asistan a una orientación para obtener mas información sobre el sistema del Centro Regional y la asociación que tendra con el personal de SCLARC.

*\*Los padres que ya son parte del Centro Regional tambien son bienvenidos y pueden asistir\**

**Orientación en Español**  
3er Martes del Mes  
10:00 am - 12:00 pm

Escanee el código QR a continuación para registrar su fecha de orientación preferida.



[bit.ly/ONP2026](https://bit.ly/ONP2026)

Las orientaciones para nuevos padres se llevan a cabo por Zoom y en persona en nuestra ubicación del sur centro de los Los Angeles y South Gate.



¡Conéctate con nosotros!  
¡Síguenos en Facebook!  
@SCLARC



¡Síguenos en Instagram!  
@south\_central\_la\_rc

## Fechas Y Ubicación

- 20 de Enero 2026 - South Gate
- 17 de Febrero 2026 - Oficina Principal
- 17 de Marzo 2026 - South Gate
- 21 de Abril 2026 - Oficina Principal
- 19 de Mayo 2026 - South Gate
- 16 de Junio 2026 - Oficina Principal
- 21 de Julio 2026 - South Gate
- 18 de Agosto 2026 - Oficina Principal
- 15 de Septiembre 2026 - South Gate
- 20 de Octubre 2026 - Oficina Principal
- 17 de Noviembre 2026 - South Gate
- 15 de Diciembre 2026 - Oficina Principal

*Por favor de registrese con la recepcionista a la hora de su llegada.*

Si no ha asistido a una orientación, por favor registrese para una de las próximas sesiones, escaneando el código QR.

<b>Oficina Principal:</b>	<b>Oficina de South Gate:</b>
2500 South Western Avenue Los Angeles, CA 90018	12226 Garfield Avenue South Gate, CA 90280

PREGUNTAS O MÁS INFORMACIÓN SOBRE LOS DETALLES DE LAS PRÓXIMAS ORIENTACIONES, MANDE UN CORREO ELECTRÓNICO A [NewParentOrientation@SCLARC.ORG](mailto:NewParentOrientation@SCLARC.ORG) O LLAME AL 1-833-725-2721

# SCLARC's Website

## Connect With Your Service Coordinator

[www.SCLARC.org](http://www.SCLARC.org)

- If you are unable to reach your Service Coordinator, SCLARC Website Home Page has a contact form you can complete and submit for assistance.
- Upon submitting the contact form, someone will reach out to you for assistance.
  - Please allow up to two hours for a response to urgent matters and up to two business days for non-urgent matters.
- You may also reach out to the Case Management Help Team at [CMHelp@sclarc.org](mailto:CMHelp@sclarc.org) or 833-725-2721.

# SCLARC WEBSITE CONTACT FORM

[www.SCLARC.org](http://www.SCLARC.org)

## I Need Help

### Contact Us

By providing your contact information you agree to be contacted by phone call, text, and/or email during business hours

**Consent to  
Receive Text  
Messages**

By checking this box, you consent to receive text messages from South Central Los Angeles Regional Center regarding your request. In accordance with our Privacy Policy. You may opt-out at any time by replying STOP. For assistance, text HELP. Message and data rates apply. Messaging frequency may vary.

Submit

# SCLARC At A Glance

Click below to read the *SCLARC at a Glance* book and learn more about SCLARC's services and mission

**English** / **Español**



For detailed information about our programs, services, and advisory committees check out our Program Book, ***SCLARC At A Glance***. This information is available on our website Home Page at [www.sclarc.org](http://www.sclarc.org).

# SCLARC's Community Calendar

[www.SCLARC.org](http://www.SCLARC.org)



## Information on upcoming meetings, trainings, and events is located on the SCLARC Community Calendar:

- IPP Information Sessions
- Self Determination Program Information Sessions
- How to become a Vendor Information Sessions
- Generic Resource Trainings
- Public Meetings

**For Public and Townhall Meetings Only**  
(Board of Director, Purchase of Service, Caseload Ratio, National Core indicator, Performance Contract)

***Click on this button at the top of SCLARC's website homepage.***

Public Meetings



***SCLARC values transparency and accountability to the community we serve and is committed to providing accurate, transparent reporting. For more information, please visit [www.sclarc.org](http://www.sclarc.org) and click the **yellow Transparency button** at the top of the website homepage, [www.SCLARC.org](http://www.SCLARC.org).***

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



- California Public Records Act (CPRA)- Effective January 1, 2026, Regional Centers are subject to the requirements of the California Public Records Act. To request for records, please email your request to [CPRA@sclarc.org](mailto:CPRA@sclarc.org).
- [Public Meetings, Governance](#) - Learn more about SCLARC's Board of Directors meetings and other important information
- [Reporting](#) - Here you'll find statistics and reports regarding services provided, DDS and Fiscal audits, Purchase of Service data and more.
- [Resources](#) - Links to external resources from DDS, Early Start, ARCA, and more.
- [Policies](#) - Learn more about various policies, including Purchase of Service (POS) regarding services and programs, appeals, zero tolerance, and more.
- [Contracts](#) - Learn more about SCLARC's contract awards, performance contracts, and other vendor contracts and information

# SCLARC's Social Media and Newsletter

*(Community Meetings, Events, and Resource Information)*



**facebook**

[www.facebook.com/sclarc](http://www.facebook.com/sclarc)



**Instagram**

[https://www.instagram.com/south\\_central\\_la\\_rc/](https://www.instagram.com/south_central_la_rc/)

**LinkedIn**

[South Central Los Angeles Regional Center | LinkedIn](#)



**YouTube**

[SCLARC LA - YouTube](#)



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

**Newsletter**

<https://sclarc.org/sclarcs-community/news-and-media.php>

# THANK YOU!



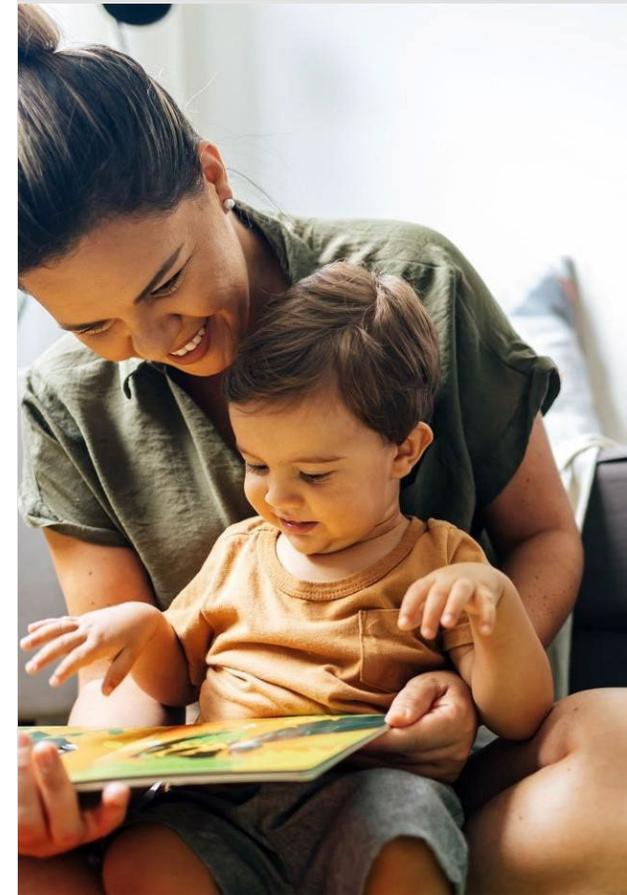
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# CSULB Early Intervention Project

Information for Agency Leaders

**Community Autism Research for Equity (CARE) Lab**  
Department of Psychology, CSU Long Beach (Go Beach!)



# CSULB Early Intervention Study

## **Barbara Caplan, PhD**

Assistant Professor, Department of Psychology  
Director, Community Autism Research for Equity Lab

**CSULB Early Intervention Study** is looking to partner with organizations that provide Part C early intervention services for social communication or autism.

# Who is eligible to participate?



## Agency (or Private Practice)

1. Provides California Part C early intervention services (e.g. **CA Early Start**).

## Therapists

1. Provides Early Intervention services for **social communication or autism** (e.g., speech therapy, behavior therapy, etc.)
2. Expects to be with current agency or private practice for the next month.

## Family

1. Caregivers speak **Spanish or English** as preferred language
2. Child ages **12-35 months** whose early intervention services focus on **social communication or autism**.

# What are the aims of the study?

- This study aims to **improve community care** by identify factors that lead to optimal caregiver engagement in early intervention services for social communication delays/autism.
- We hope to **promote service equity** by understanding the unique preferences and needs of Latino and Spanish Speaking families.

This work is funded by the  
**National Institutes of Health (NIH)**  
(1R16GM154679)



National Institutes  
of Health

# What does the study involve?

## Phase 1: Online Survey

- Therapists complete a 15-min online survey.
- Therapists receive a **\$15 gift card**.



## Phase 2: Enrollment with Families

- ✓ Share study opportunity with families.
- ✓ Therapists and caregivers jointly share their experiences by:
  - ✓ Completing an online survey
  - ✓ Sharing video recordings of three sessions
- Therapists receive **\$70/family (\$350 max)**
- Caregivers receive a **\$40 gift card**
  - ✓ Complete an online survey
  - ✓ Give permission for video recording



# Confidentiality

- All participant information collected by research staff will be kept confidential.
  - Staff trained in HIPAA procedures.
  - Videos shared/stored via HIPAA-compliant procedures.
- Participant data is securely stored in de-identified and password protected databases.
- Confidentiality Certificate from the DHHS.
- No individual level data shared with agencies, therapists or families.
- **New!**
  - (1) Families may “opt out” of providing full names (child first name only)
  - (2) Face blurring (in process)

# Agency Benefits

- Contribute to understanding of best practices in community early intervention:
  - Optimal caregiver engagement
  - Equitable and culturally responsive practices
- Receive **newsletters** with research findings/briefs from the study
- If there are other opportunities for our research team **to support your agency**, please let us know.
  - **Examples:** share job postings, advertise your agency's research involvement, share resources and professional development opportunities.

Questions?

